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 INSTRUCTION PAGES 1-11

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: PAUL D. SWANSON & BONNIE ROBITAILLE	Policy Number:						
A2_Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 519 TAMPICO DR.	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 Nun UNIT 421, HARBOR COVE, SARASOTA COUNTY, FLORIDA. PID# 0790013421	nber:						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL	cara Lenenvilli (2)						
A5. Latitude/Longitude: Lat. 27°02'17.9" N. Long. 082°16'28.2" W. Horiz. Datum:	NAD 1927 X NAD 1983 WGS 84						
A6. Attach at least two and when possible four clear color photographs (one for each side) of the bu	uilding (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): N/A 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: N/A Engineered flood openings: N/A							
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.							
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A sq. ft.							
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	That is						
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 adja Non-engineered flood openings: N/A Engineered flood openings: N/A 							
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.							
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instruction	ns): <u>N/A</u> 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	RMATION						
B1.a. NFIP Community Name: SARASOTA COUNTY B1.b. NFIP Community Name:	munity Identification Number: 125144						
B2. County Name: SARASOTA B3. State: FL B4. Map/Panel No.: 1	12115C 0370 B5. Suffix: G						
B6. FIRM Index Date: 03/27/2024 B7. FIRM Panel Effective/Revised Date: 03/27/202	24						
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): 9 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: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/	/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protection Designation Date: CBRS OPA	ected Area (OPA)? Yes No						
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No						

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519 TAMPICO DR.			Policy	y Number:
City: NORTH PORT	State: FL	_ ZIP Code: <u>34287</u>	Comp	pany NAIC Number:
SECTION C	- BUILDING ELEVATION	N INFORMATION (SL	JRVEY REQU	IIRED)
C1. Building elevations are based on: *A new Elevation Certificate will be			Action Control of the Control of the Control	Finished Construction
C2. Elevations – Zones A1–A30, AE, A99. Complete Items C2.a–h belo Benchmark Utilized: N.G.S. HAV	w according to the Building		A7. In Puerto I	
Indicate elevation datum used for the € NGVD 1929 ⊠ NAVD 1988		n h) below.		
Datum used for building elevations mulf Yes, describe the source of the conv			factor used?	☐ Yes ☐ No Check the measurement used:
a) Top of bottom floor (including l	pasement, crawlspace, or en	closure floor):	10.1	
b) Top of the next higher floor (se	ee Instructions):	_	N/A	☐ feet ☐ meters
c) Bottom of the lowest horizonta	structural member (see Inst	ructions):	N/A	☐ feet ☐ meters
d) Attached garage (top of slab):			N/A	☐ feet ☐ meters
 e) Lowest elevation of Machinery (describe type of M&E and local 			10.4	
f) Lowest Adjacent Grade (LAG)	next to building: Natura	l 🛛 Finished	6.5	
g) Highest Adjacent Grade (HAG) next to building: Natura	l X Finished	6.6	
h) Finished LAG at lowest elevati support:	on of attached deck or stairs	, including structural	6.5	
SECTION	D - SURVEYOR, ENGIN	EER, OR ARCHITEC	T CERTIFICA	TION
This certification is to be signed and sinformation. I certify that the information false statement may be punishable by	on on this Certificate represen	nts my best efforts to inte	rpret the data a	
Were latitude and longitude in Section	A provided by a licensed lar	nd surveyor? X Yes [
Check here if attachments and des	cribe in the Comments area.			
Certifier's Name: Robert J Breedlove	Lice	nse Number: LS 7040		WHITHINININI
Title: Professional Surveyor and M	lapper			Se Nun O
Company Name: VanBuskirk & Fish	Surveying and Mapping I	nc.		2 308 7040 ng m
Address: 12450 Tamiami Trail				STATE OF STATE OF
City: North Port	State:	FL ZIP Code: 342	87	FLORIDA S
Telephone: (941) 426-0681	Ext.: Email: Lands	urveyor@vbfainc.com		STATE OF FLORIDA Place Seal Here
Signature:	J. Dull	Date: 04/30/2		Place Seal Here
Copy all pages of this Elevation Certification	ate and all attachments for (1)	community official, (2) insu	urance agent/co	
Comments (including source of converthis property was permitted under 7 feet. The coordinates gathered in Item C2. e) is for the A/C Unit w	FIRM #12115C-0370 F, In Item A5.) were gathered	Effective date 11/04/20 with a hand-held GPS	116 showing F S on the date of	lood Zone AE with a BFE of of the survey. The elevation

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Building Street Address (including Apt., Unit,	Suite, and/or Bldg. No.) o	r P.O. Route a	nd Bo	x No.:	:	FOR INSURA	NCE COMPANY USE	
519 TAMPICO DR.						Policy Number		
City: NORTH PORT	State: FL	_ ZIP Code:	34287	7		Company NAIC Number:		
SECTION E – BUILD FOR ZO	ING MEASUREMENT NE AO, ZONE AR/AC						ED)	
For Zones AO, AR/AO, and A (without BFE intended to support a Letter of Map Change enter meters.								
Building measurements are based on: *A new Elevation Certificate will be required					struction	n* Finishe	d Construction	
E1. Provide measurements (C.2.a in applic measurement is above or below the na			ng and	chec	k the ap	propriate boxes	s to show whether the	
 Top of bottom floor (including basen crawlspace, or enclosure) is: 	nent,	ingent in ing	feet	r	meters	above or	below the HAG.	
 Top of bottom floor (including basen crawlspace, or enclosure) is: 	nent,		feet	□ r	meters	above or	below the LAG.	
E2. For Building Diagrams 6–9 with permar next higher floor (C2.b in applicable Building Diagram) of the building is:	nent flood openings prov	rided in Sectio	n A Ite	200	and/or	9 (see pages 1-	-2 of Instructions), the below the HAG.	
E3. Attached garage (top of slab) is:	9		feet	_ r	meters	above or	below the HAG.	
E4. Top of platform of machinery and/or eq servicing the building is:	uipment	-54	feet	r	meters	above or	below the HAG.	
E5. Zone AO only: If no flood depth numbe floodplain management ordinance?	r is available, is the top o	of the bottom nknown T	floor e he loc	levate	ed in acc icial mus	cordance with the certify this info	ne community's ormation in Section G.	
SECTION F - PROPERTY OV	VNER (OR OWNER'S	AUTHORIZ	ED R	EPR	ESENT	ATIVE) CERT	TFICATION	
The property owner or owner's authorized resign here. <i>The statements in Sections A, B,</i> Check here if attachments and describe	and E are correct to the				E for Zor	ne A (without Bl	FE) or Zone AO must	
Property Owner or Owner's Authorized Repo	resentative Name.							
City:				Stato	·	ZIP Code:	THE RELEASE OF THE PERSON	
	Email:			State	·	ZIP Code.	THE PERSON NAMED IN	
releptione.	Liliali						10/0-11	
Signature:		Date):					
Comments:								

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Building Street Address (including Apt.	, Unit, Suite, and/or Bldg	j. No.) c	or P.O. Route and Box No	.:	FOR INSI	URANCE COMPANY USE	
519 TAMPICO DR.		200			Policy Nur	nber:	
City: NORTH PORT	State:	FL	_ ZIP Code: <u>34287</u>		Company NAIC Number:		
SECTION G - COMMUNIT	Y INFORMATION (F	RECOM	MENDED FOR COM	MUN	ITY OFFICIA	L COMPLETION)	
The local official who is authorized by Section A, B, C, E, G, or H of this Ele						dinance can complete	
G1. The information in Section engineer, or architect who elevation data in the Com	is authorized by state						
G2.a. A local official completed E5 is completed for a buil			d in Zone A (without a B	FE), Z	one AO, or Zo	ne AR/AO, or when item	
G2.b. A local official completed	Section H for insurance	purpo	ses.				
G3.	Section G, the local off	icial de	scribes specific correction	ns to t	he information	in Sections A, B, E and H.	
G4.	(Items G5-G11) is pro	vided fo	or community floodplain	manag	gement purpos	ses.	
G5. Permit Number:	G6.	Date P	ermit Issued:		ob Tiff the		
G7. Date Certificate of Compliance	e/Occupancy Issued:		a the second of				
G8. This permit has been issued	for: New Construct	tion 🗆	Substantial Improvement	nt			
G9.a. Elevation of as-built lowest flo building:	or (including basement) of the		feet	meters	Datum:	
G9.b. Elevation of bottom of as-built member:	t lowest horizontal struc	ctural		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 elevat			al				
member:				feet	meters	Datum:	
G11. Variance issued? Yes	No If yes, attach	docum	entation and describe in	tne Co	omments area	entro - 57	
The local official who provides inform correct to the best of my knowledge.							
Local Official's Name:			Title:				
NFIP Community Name:							
Telephone:	Ext.: Email:					2 4 17 4 5 48	
Address:							
City:					ZIP C	ode:	
Signature:			Date:				
Comments (including type of equipm							
Sections A, B, D, E, or H):							

ELEVATION CERTIFICATE

Building Street Address (includi	ling Apt., Unit, Suite, a	and/or Bldg. No.) or	P.O. Route and Box No.	.:	FOR IN	SURANCE COMPANY USE
519 TAMPICO DR.			Should roll		Policy N	umber:
City: NORTH PORT	English -	State: FL	ZIP Code: <u>34287</u>		Compar	y NAIC Number:
SECTIO			R HEIGHT INFORMATER INSURANCE PUR			ZONES
The property owner or owner's A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments	authorized represent st floor height for insist tenth of a meter in priate Building Diagonal top of the floor (as in ms 1A, 1B, 3, and 5de floors only for builder floors) is: ms 2A, 2B, 4, and 6de floors basement, companied by the floors only for builder floors only for builder floors only for builder floors basement, companied by the floors only floor builder floors basement, companied by the floor of t	tative, or local flood urance purposes. So Puerto Rico). Refigrams (at the end andicated in Foundar—8. Top of bottom dings with —9. Top of next rawlspace, or building (as listed grams at end of Secondary Williams and Secondary Williams at end of S	dplain management office Sections A, B, and I must be rence the Foundation of Section I Instruction of Section I Instructions of the section H instructions of the section H instructions of Section H instructions of Section A, B, and all floodplain managements of the section of the	elevated the appropriate the a	complete e	ed. Enter heights to the (at the end of Section H this section. djacent Grade (LAG): above the LAG above the LAG above the floor indicated by the tuilding Diagram? CERTIFICATION The statements in Sections and Section H, they should
Property Owner or Owner's Au Address:	uthorized Represent	ative Name:	ide#9			
			State	a·	7IP	Code:
Telephone:			Otati			
r diophiene.						
Signature:						
Oignature.	No. Company		Date:			
Comments:			Date:			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt.	FOR INSURANCE COMPANY USE			
519 TAMPICO DR.				Policy Number:
City: NORTH PORT	State:	FL	ZIP Code: 34287	Company NAIC Number:
				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 3/27/24

Clear Photo One



Photo Two

Photo Two Caption: Rear View 3/27/24

Clear Photo Two

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IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 **BUILDING PHOTOGRAPHS**

Continuation Page

Building Street Address (including Apt., U	FOR INSURANCE COMPANY USE			
519 TAMPICO DR. City: NORTH PORT	State:	FL	ZIP Code: <u>34287</u>	Policy Number: 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: Right Side View 3/27/24

Clear Photo Three



Photo Four

Photo Four Caption: Left Side View 3/27/24

Clear Photo Four