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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 | | | | | | FOR INSUF | RANCE COMPANY USE | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------|------------|-----------------------------------|----------------------|--------------|-------------------------------|------------------------------------|
| A1. Building Owner's Name MATTHEW & ANNA ENANDER | | | | | Policy Numl | ber: | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7120 SADDLE CREEK WAY | | | | | | Company N | AIC Number: | |
| City State SARASOTA Florida | | | | | ZIP Code 34241 | | | |
| ' ' | | nd Block Numbers, Ta 3, TAX ID #0269010 | | Number, Leç | gal Description | on, etc.) | | |
| A4. Building Use (e | .g., Residen | tial, Non-Residential, | Addition | , Accessory, e | etc.) RES | IDENTIAL | | |
| A5. Latitude/Longitu | ude: Lat. <u>27</u> | 7.27861° | Long. 82 | 2.38750° | Hori | zontal Datu | m: NAD 1 | 927 × NAD 1983 |
| A6. Attach at least 2 | 2 photograp | hs of the building if the | e Certific | ate is being u | sed to obtain | n flood insu | rance. | |
| A7. Building Diagrai | m Number | 1B | | | | | | |
| A8. For a building w | ith a crawls | pace or enclosure(s): | | | | | | |
| a) Square foota | age of crawl | space or enclosure(s) | | | 0 sq f | t | | |
| b) Number of pe | ermanent flo | ood openings in the cr | awlspace | e or enclosure | e(s) within 1. | 0 foot abov | e adjacent gra | ade 0 |
| c) Total net are | a of flood op | penings in A8.b | | 0 sq in | 1 | | | |
| d) Engineered | flood openin | gs? Yes 🗓 Y | No | | | | | |
| A9. For a building wi | ith an attach | ed garage: | | | | | | |
| a) Square foota | ige of attach | ed garage | | 1165 sq ft | | | | |
| b) Number of pe | ermanent flo | ood openings in the at | tached g | arage within | 1.0 foot abov | e adjacent | grade 0 | |
| c) Total net are | a of flood op | enings in A9.b | | 0 sq | in | | | |
| d) Engineered f | lood openin | gs? Yes 🕱 N | No | | | | | |
| | | | | | | | | |
| | | CTION B – FLOOD | INSURA | | • |) INFORM | ATION | |
| B1. NFIP Community Name & Community Number SARASOTA COUNTY - 125144 B2. Co SARAS | | | | | | | | B3. State Florida |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | Effe | RM Panel ective/ vised Date | B8. Flood Zone(s) | B9. | Base Flood E (Zone AO, use | levation(s) e Base Flood Depth) |
| 12115C-0170 | F | 11-04-2016 | 11-04-2 | | A & X | 27' | | |
| 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: | | | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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 D | ate: | | CBRS | OPA | | | | |
| | | | | | | | | |

ELEVATION CERTIFICATE

| IMPORTANT: In these spaces, copy the corresponding | FOR INSURANCE COMPANY USE | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------|---------------------|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or 7120 SADDLE CREEK WAY | Policy Number: | | | | | | |
| City Stat SARASOTA Flor | | Code 41 | Company NAIC Number | | | | |
| 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, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: NSG BM AG8276 EL: 24.5' Vertical Datum: NAVD1988 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 29.6 Feet meters | | | | | | | |
| b) Top of the next higher floor | | | N/A ⊠ feet ☐ meters | | | | |
| c) Bottom of the lowest horizontal structural memberd) Attached garage (top of slab) | ` | | N/A | | | | |
| e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com | | | N/A ⋉ feet ☐ meters | | | | |
| f) Lowest adjacent (finished) grade next to building | (LAG) | | 29.5 × feet meters | | | | |
| g) Highest adjacent (finished) grade next to building | (HAG) | | 29.8 X feet meters | | | | |
| h) Lowest adjacent grade at lowest elevation of dec structural support | k or stairs, including | | N/A ⋉ 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 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. | | | | | | | |
| Certifier's Name B. GREGORY RIETH | License Number 5228 | | | | | | |
| Title PSM/CFM | | | Place | | | | |
| Company Name STRAYER SURVEYING AND MAPPING, INC. | | | Seal | | | | |
| Address 742 SHAMROCK BLVD | | | Here | | | | |
| City VENICE | State Florida | ZIP Code 34293 | | | | | |
| Signature | Date 12-09-2020 | Telephone (941) 497-1290 | Ext. | | | | |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. | | | | | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) FILE #19-09-11. THE SUBJECT STRUCTURE IS UNDER CONSTRUCTION, NO VENTS OR MACHINERY HAVE BEEN INSTALLED AT THIS TIME. SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST APP - NO CONVERSION). DATE OF FIELD SURVEY:12/03/2020 | | | | | | | |
| * THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON(S) LISTED IN SECTION A1. * | | | | | | | |

ELEVATION CERTIFICATE

| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | | | CE COMPANY USE | | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|-----------------------|-------------------------------|--|--|
| | ding Street Address (including Apt., Unit, Suite 0 SADDLE CREEK WAY | , and/or Bldg. No.) or | P.O. Route and Box No. | Policy Number: | | | |
| City | RASOTA | State Florida | ZIP Code 34241 | Company NAIC | Number | | |
| | SECTION E – BUILDING FOR Z | | RMATION (SURVEY N E A (WITHOUT BFE) | OT REQUIRED) | | | |
| con | 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. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below | | | | | | |
| | the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, | est adjacent grade (L | AG) | eters | below the HAG. | | |
| 50 | crawlspace, or enclosure) is | | | | below the LAG. | | |
| EZ. | For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in the diagrams) of the building is | od openings provided | | _ | below the HAG. | | |
| E3. | Attached garage (top of slab) is | | feet _ m | eters | below the HAG. | | |
| E4. | Top of platform of machinery and/or equipmer servicing the building is | nt | feet m | eters | below the HAG. | | |
| E5. | Zone AO only: If no flood depth number is available floodplain management ordinance? Yes | | e bottom floor elevated in wn. The local official m | | | | |
| | SECTION F - PROPERTY | OWNER (OR OWNE | R'S REPRESENTATIVE |) CERTIFICATION | | | |
| The | property owner or owner's authorized represel nmunity-issued BFE) or Zone AO must sign her | ntative who completes e. The statements in | S Sections A, B, and E fo Sections A, B, and E are | r Zone A (without a F | EMA-issued or f my knowledge. | | |
| Pro | perty Owner or Owner's Authorized Representa | ative's Name | | | | | |
| Add | dress | (| City | State | ZIP Code | | |
| Sig | nature |] | Date | Telephone | | | |
| Cor | nments | | | | | | |
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| | | | | Check h | nere if attachments. | | |

ELEVATION CERTIFICATE

| MPORTANT: In these spaces, copy the corre | FOR INSURANCE COMPANY USE | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|-----------|-------------------------------------------------|--|--|--|
| Building Street Address (including Apt., Unit, State 120 SADDLE CREEK WAY | Policy Number: | | | | | | |
| City SARASOTA | State Florida | ZIP Code 34241 | | Company NAIC Number | | | |
| SECTION | ON G - COMMUNI | TY INFORMATION (OPT | IONAL) | | | | |
| 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 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.) | | | | | | | |
| G2. A community official completed Section or Zone AO. | on E for a building | located in Zone A (without | ut a FEMA | \-issued or community-issued BFE) | | | |
| G3. The following information (Items G4- | -G10) is provided fo | or community floodplain n | nanageme | ent purposes. | | | |
| G4. Permit Number | G5. Date Permit | Issued | | Date Certificate of Compliance/Occupancy Issued | | | |
| G7. This permit has been issued for: | New Constructio | n | ment | | | | |
| G8. Elevation of as-built lowest floor (including of the building: | g basement) - | | feet | meters Datum | | | |
| G9. BFE or (in Zone AO) depth of flooding at | the building site: _ | | feet | meters Datum | | | |
| G10. Community's design flood elevation: | - | | feet | meters Datum | | | |
| Local Official's Name | | Title | | | | | |
| Community Name | | Telephone | | | | | |
| Signature | | Date | | | | | |
| Comments (including type of equipment and lo | cation, per C2(e), i | f applicable) | | | | | |
| | | | | Check here if attachments. | | | |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, c | FOR INSURANCE COMPANY USE | | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------|----------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7120 SADDLE CREEK WAY | | | Policy Number: |
| City | State | ZIP Code | Company NAIC Number |
| SARASOTA | Florida | 34241 | |

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.



UNDER CONSTRUCTION 12/03/2020

Photo One Caption Clear Photo One



UNDER CONSTRUCTION 12/03/2020

Photo Two Caption Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

| IMPORTANT: In these spaces, copy the co | FOR INSURANCE | COMPANY USE | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|-----------------|-------------------|--|
| Building Street Address (including Apt., Unit, 7120 SADDLE CREEK WAY | Policy Number: | | | | |
| City SARASOTA | State Florida | ZIP Code 34241 | Company NAIC Nu | mber | |
| 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. | | | | | |
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