ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate ar	d all attachments for (1) community	official (2) insurance agent/company	and (3) building owner
		2 onicial, (2) insulation agent/company	, and (5) building owner.

			. ,			., .
SECTION A – PROPERTY INFORMATION						RANCE COMPANY USE
A1. Building Owner's Name Policy Number: MARCIN BOCZKOWSKI AND KAMILA SZYRAJEW						ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: Box No.						AIC Number:
507 ACACIA LANE						
City			State		ZIP Code	
NOKOMIS			Florida		34285	
A3. Property Description (Lot a LOT 18, QUEEN PALMS, PB 1			Number, Leo	gal Description, et	c.)	
A4. Building Use (e.g., Resider	ntial, Non-Residential, A	Addition,	Accessory,	etc.)RESIDEN	TIAL	
A5. Latitude/Longitude: Lat. 2	7.13142	Long. <u>-8</u>	2.46263	Horizonta	I Datum: 🗌 NAD 1	927 🗙 NAD 1983
A6. Attach at least 2 photograp	ohs of the building if the	Certific	ate is being ι	sed to obtain floo	d insurance.	
A7. Building Diagram Number	1B					
A8. For a building with a crawls	space or enclosure(s):					
a) Square footage of craw	lspace or enclosure(s)			N/A sq ft		
b) Number of permanent fl	ood openings in the cra	wlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net area of flood o	penings in A8.b		N/A sq ir	I		
d) Engineered flood openii	ngs? 🗌 Yes 🗵 N	0				
A9. For a building with an attacl	hed garage:					
a) Square footage of attacl	hed garage		794.00 sq ft			
b) Number of permanent fl	ood openings in the att	ached g	arage within	1.0 foot above adj	acent grade N/A	
c) Total net area of flood o	penings in A9.b		N/A sq	in		
d) Engineered flood openir	ngs? 🗌 Yes 🖂 N	0				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number B2. County Name B3. State						
SARASOTA COUNTY - 125144	4		SARASOTA	COUNTY		Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	M Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12115C/0239 F	11-04-2016	Rev 11-04-2	vised Date 2016	AE	10	
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 🛛 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				

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the corres	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Sui 507 ACACIA LANE	Policy Number:		
City NOKOMIS	State Florida	ZIP Code 34285	Company NAIC Number
SECTION C – BUIL	DING ELEVATION INFOR	RMATION (SURVEY R	EQUIRED)
 C1. Building elevations are based on: C *A new Elevation Certificate will be required C2. Elevations – Zones A1–A30, AE, AH, A (w Complete Items C2.a–h below according t Benchmark Utilized: NGS BM 872 5899E, Indicate elevation datum used for the elevation 	ed when construction of the vith BFE), VE, V1–V30, V (w to the building diagram spec , EL.=14.72' Vertical Da	vith BFE), AR, AR/A, AR cified in Item A7. In Puer atum: <u>N.A.V.D. 1988</u>	R/AE, AR/A1–A30, AR/AH, AR/AO.
□ NGVD 1929 NAVD 1988	, ,		
Datum used for building elevations must b a) Top of bottom floor (including basemer b) Top of the next higher floor c) Bottom of the lowest horizontal structur	nt, crawlspace, or enclosure		Check the measurement used. 11.3 × feet meters N/A feet meters N/A feet meters
d) Attached garage (top of slab)			9.3 🖂 feet 🗌 meters
 e) Lowest elevation of machinery or equip (Describe type of equipment and location) 	oment servicing the building on in Comments)		N/A feet meters
f) Lowest adjacent (finished) grade next t	to building (LAG)		8.7 × feet meters
g) Highest adjacent (finished) grade next	to building (HAG)		8.9 🔀 feet 🗌 meters
 h) Lowest adjacent grade at lowest elevat structural support 	tion of deck or stairs, includ	ing	N/Afeet meters
SECTION D – SUF	RVEYOR, ENGINEER, OF	ARCHITECT CERTIF	ICATION
This certification is to be signed and sealed by I certify that the information on this Certificate r statement may be punishable by fine or imprise	represents my best efforts to	o interpret the data avail	y law to certify elevation information. lable. I understand that any false
Were latitude and longitude in Section A provid	led by a licensed land surve	eyor? 🛛 Yes 🗌 No	Check here if attachments.
Certifier's Name JUSTIN D. GARNER	License Numbe LS 6896	۲	
Title PROFESSIONAL SURVEYOR AND MAPPER			Place
Company Name FLORIDA ENGINEERING AND SURVEYING,	LLC		Seal
Address 631 N. TAMIAMI TRAIL			Here
City NOKOMIS	State Florida	ZIP Code 34275	
Signature Justin Garner	Date 12-06-2022	Telephone (941) 485-3100	Ext.
Copy all pages of this Elevation Certificate and al	I attachments for (1) commu	nity official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and loo	cation, per C2(e), if applicat	ole)	
A/C NOT INSTALLED, 11/28/2022			
NO FLOOD OPENINGS IN GARAGE, 11/28/20)22		
LATITUDE AND LONGITUDE TAKEN WITH H	AND HELD GPS, ACCURA	TE TO 18 FEET PLUS	MINUS

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

ELEVATION CERTIFICATE			Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the correspo	onding informatic	on from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, 507 ACACIA LANE	and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City NOKOMIS	State Florida	ZIP Code 34285	Company NAIC Number
SECTION E – BUILDING FOR Z	ELEVATION INF ONE AO AND ZC	ORMATION (SURVEY NO DNE A (WITHOUT BFE)	T REQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.	s E1–E5. If the Cei se natural grade, if	tificate is intended to suppor available. Check the measu	t a LOMA or LOMR-F request, rement used. In Puerto Rico only,
 E1. Provide elevation information for the following the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement, 			her the elevation is above or below
crawlspace, or enclosure) is		feet me	ters above or below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet me	ters 🗌 above or 🗌 below the LAG.
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in	od openings provid	led in Section A Items 8 and/	or 9 (see pages 1–2 of Instructions),
the diagrams) of the building is		feet me	ters above or below the HAG.
E3. Attached garage (top of slab) is		feet me	ters above or below the HAG.
E4. Top of platform of machinery and/or equipmen servicing the building is	.t	feet me	ters 🗌 above or 🗌 below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance?			accordance with the community's st certify this information in Section G.
SECTION F – PROPERTY (NER'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized represen community-issued BFE) or Zone AO must sign here	itative who comple e. The statements	tes Sections A, B, and E for in Sections A, B, and E are c	Zone A (without a FEMA-issued or correct to the best of my knowledge.
Property Owner or Owner's Authorized Representa	tive's Name		
Address		City	State ZIP Code
Signature		Date	Telephone
Comments			
			Check here if attachments.

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

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 507 ACACIA LANE			No.	Policy Number:	
City NOKOMIS	State Florida	ZIP Code 34285		Company NAIC Number	
SECTIO	ON G – COMMUNIT	Y INFORMATION (OPTIO	NAL)		
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Comple	ter the community's floodplate te the applicable item(s) a	ain maı nd sign	nagement ordinance can complete below. Check the measurement	
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)					
G2. A community official completed Secti or Zone AO.	-				
G3. The following information (Items G4–	-G10) is provided fo	r community floodplain ma	nagem	ent purposes.	
G4. Permit Number	G5. Date Permit I	lssued		Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:] New Construction	Substantial Improvem	ent		
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 t	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 loc	cation, per C2(e), if	applicable)			
				Check here if attachments.	

ELEVATION CERTIFICATE	ATION CERTIFICATE See Instructions for Item A6.		OMB No. 1660-0008 Expiration Date: November 30, 2022	
IPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 507 ACACIA LANE	t., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:	
City NOKOMIS	State Florida	ZIP Code 34285	Company NAIC Nu	mber
If using the Elevation Certificate to instructions for Item A6. Identify all p "Left Side View." When applicable, vents, as indicated in Section A8. If s	photographs with date taken; "Fr photographs must show the fo	ont View" and "Rear View"; a oundation with representative	nd, if required, "Right e examples of the flo	Side View" and
	Photo	Ono		
	FIIOLO	One		
Photo One Caption	Photo	One		Clear Photo One
	Photo	Two		
Dhata Tura Occution	Photo	Тwo		
Photo Two Caption				Clear Photo Two

BUILDING PHOTOGRAPHS

IMPORTANT: In these spaces, copy the c	orresponding information	n from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Uni 507 ACACIA LANE	t, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City NOKOMIS	State Florida	ZIP Code 34285	Company NAIC Number
If submitting more photographs than will with: date taken; "Front View" and "Re photographs must show the foundation wit	ar View"; and, if required	l, "Right Side View" and "I	_eft Side View." When applicable,
	Dhoto 7	leve e	
	Photo T	nree	
	Photo Th	ree	
Photo Three Caption			Clear Photo Three
	Photo	Four	
Photo Four Caption	Photo F	our	Clear Photo Four

BUILDING PHOTOGRAPHS

Continuation Page

ELEVATION CERTIFICATE

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