## 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					ANCE COMPANY USE
A1. Building Owner's Name Policy Number: SUNCOAST EXECUTIVE STORAGE, LLC.					per:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5411 TRI PAR DRIVE					AfC Number:
City SARASOTA	State				<u> </u>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) P.I.D. #0025-03-0032 (BUILDING B-SEE ATTACHED SITE PLAN)					
A4. Building Use (e.g., Residential, Non-Reside	ential, Addition,	Accessory, e	etc.) NON-RES	DENTIAL	
A5. Latitude/Longitude: Lat. 27°22'52.52"N	Long, <u>82</u>	°32'22.54"W	Horizontal	Datum: NAD 1	927 🗵 NAD 1983
A6. Attach at least 2 photographs of the buildin	g if the Certifica	ate is being u	sed to obtain flood	l insurance.	
A7. Building Diagram Number 1A					
A8. For a building with a crawlspace or enclosu	re(s):				
<ul> <li>a) Square footage of crawlspace or enclos</li> </ul>	ure(s)		0.00 sq ft		
b) Number of permanent flood openings in	the crawlspace	or enclosure	(s) within 1.0 foot	above adjacent gra	ade 0
c) Total net area of flood openings in A8.b	-	0.00 sq in			
d) Engineered flood openings?	⊠ No				
A9. For a building with an attached garage:					
a) Square footage of attached garage		0.00 sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0					
c) Total net area of flood openings in A9.b 0.00 sq in					
d) Engineered flood openings?  Yes  No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Num SARASOTA COUNTY 125144	ber	B2. County SARASOTA			B3. State Florida
B4. Map/Panel B5, Suffix B6, FIRM Inde Number Date	Effe	M Panel ctive/ ised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12115C0043 F 11-04-2016	11-04-2		X,X(SHADED)	18.2'	
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 OPA					
				_	

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5411 TRI PAR DRIVE			Policy Number:		
City State ZIP Code SARASOTA Florida 34234		Company NAIC Number			
SECTION C - BUILDING	ELEVATION INFORMA	TION (SURVEY RE	EQUIRED)		
<ul> <li>C1. Building elevations are based on: Construction Drawings* Building Under Construction*</li></ul>					
Benchmark Utilized: SARCO BM#23 (CONVER					
Indicate elevation datum used for the elevations  NGVD 1929 NAVD 1988 Of Datum used for building elevations must be the	ther/Source:				
, and the second			Check the measurement used.		
a) Top of bottom floor (including basement, cra	awispace, or enclosure floor	)	20.3 🗵 feet 🔲 meters		
b) Top of the next higher floor			N/A feet meters		
c) Bottom of the lowest horizontal structural me	ember (V Zones only)		N/A feet meters		
d) Attached garage (top of slab)			N/A feet meters		
e) Lowest elevation of machinery or equipmen     (Describe type of equipment and location in	it servicing the building Comments)		N/A  feet  meters		
f) Lowest adjacent (finished) grade next to but	ilding (LAG)		15.3 🗵 feet 🗌 meters		
g) Highest adjacent (finished) grade пехt to bu	uilding (HAG)		20.4 X feet  meters		
<ul> <li>h) Lowest adjacent grade at lowest elevation of structural support</li> </ul>	of deck or stairs, including		N/A  feet  meters		
SECTION D - SURVE	YOR, ENGINEER, OR AR	CHITECT CERTIF	ICATION		
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 RONALD R. NOURSE	License Number PSM #6026		Will Bulling		
Title VICE PRESIDENT			Place		
Company Name A M ENGINEEERING, LLC			Jul Seal		
Address 8340 CONSUMER COURT			psyllere;		
City SARASOTA	State Florida	ZIP Code 34240	03/24/2021		
Signature 1. M p3/	24/2021	Telephone (941) 377-9178	Ext. 201		
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)  LATITUDE AND LONGITUDE IN SECTION A5 HAS BEEN OBTAINED BY FIELD MEASUREMENT WITH A GARMIN GPSMAP 76  HANDHELD RECEIVER.  NOTE: ELEVATIONS HEREON HAVE BEEN CONVERTED FROM NGVD1929 DATUM TO NAVD88 DATUM USING A  CONVERSION FACTOR OF -1.02'.					
NO EQUIPMENT SERVICING THE BUILDING AT THIS TIME.					

OMB No. 1660-0008

**ELEVATION CERTIFICATE** Expiration Date: November 30, 2022 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 5411 TRI PAR DRIVE City State ZIP Code Company NAIC Number **SARASOTA** Florida 34234 SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) 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 lowest adjacent grade (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 (elevation C2.b in the diagrams) 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 SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION 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 Address City State **ZIP Code** Signature Date Telephone Comments

Check here if attachments.

## **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5411 TRI PAR DRIVE			Policy Number:		
City SARASOTA	State ZIP Cod Florida 34234	е	Company NAIC Number		
SECTION	ON G - COMMUNITY INFORMATION	(OPTIONAL)			
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.					
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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)					
G2. A community official completed Sect or Zone AO.	ion E for a building located in Zone A (	without a FEMA	A-issued or community-issued BFE)		
G3. The following information (Items G4-	-G10) is provided for community flood;	olain manageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issued		Pate Certificate of compliance/Occupancy Issued		
G7. This permit has been issued for: New Construction Substantial Improvement					
G8. Elevation of as-built lowest floor (includin 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 location, per C2(e), if applicable)					
8					
			Check here if attachments.		

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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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.

5411 TRI PAR DRIVE

City State ZIP Code SARASOTA State 34234

Company NAIC Number

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

Photo One Caption REAR VIEW (SOUTH)

Clear Photo One



Photo Two

Photo Two Caption LEFT SIDE VIEW (EAST)

Clear Photo Two

### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5411 TRI PAR DRIVE			Policy Number:
City	State Florida	ZIP Code 34234	Company NAIC Number
SARASOTA	Florida	34234	

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 Three

Photo Three Caption FRONT VIEW (NORTH)

Clear Photo Three

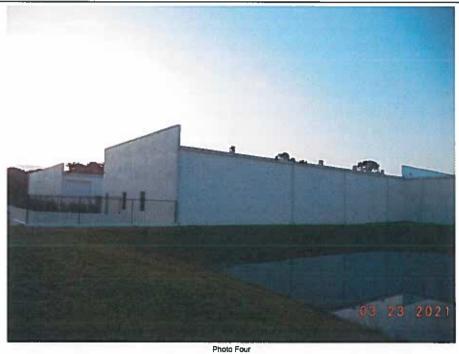


Photo Four Caption RIGHT SIDE VIEW (WEST)

Clear Photo Four

