ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corr	responding information fro	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 544 BOX ELDER COURT (TALQUIN COURT PER PLAT)			Policy Number:
City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number
SECTION	ON G - COMMUNITY INFO	RMATION (OPTIONAL)
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		ommunity's floodplain mapplicable item(s) and si	nanagement ordinance can complete gn below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other documentatio ed by law to certify elevatio	on that has been signed n information. (Indicate	and sealed by a licensed surveyor, the source and date of the elevation
G2. A community official completed Section or Zone AO.	on E for a building located i	n Zone A (without a FEI	MA-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for commu	unity floodplain manager	nent purposes.
G4. Permit Number 18-165662 B1	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Sub	stantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	y basement)	[] fee	et meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	[] fee	et meters Datum
G10. Community's design flood elevation:		[] fee	t meters Datum
Local Official's Name	Title	е	
Community Name	Tele	ephone	
Signature	Dat	e	
Comments (including type of equipment and local	ation, per C2(e), if applicable	e)	
			Check here if attachments.

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.

				FOR INSURANCE COMPANY USE			
A1. Building Owner's Name PARK FOREST PHASE 6, LLC.				Policy Num	iber:		
A2. Puilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and E ox No. 544 BOX ELDER COURT (TALQUIN COURT PER PLAT)					Company N	NAIC Number:	
Cy	JOHN (TALK	ZONY OCCIVITENTE	~1)	State		ZIP Code	
ENGLEWOOD	•					34223	
	A3. Froperty Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 75, PARK FOREST, PHASE 6C (PLAT BOOK 50, PAGE 47) P.I.D. #0851-02-0023						
A4. Building Use (e.	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitu	ide: Lat. <u>26</u>	s°58'34.25"N լ	Long. 8	2°20'29.18"W	Horizontal Datun	n: NAD	1927 × NAD 1983
A6. Attach at least 2	2 photograph	ns of the building if the	Certific	cate is being used to	o obtain flood insur	ance.	
A7. Building Diagrar	m Number	1A					
A8. For a building w	ith a crawlsr	pace or enclosure(s):					
a) Square foota	age of crawls	space or enclosure(s)		0 sq ft			
b) Number of po	ermanent flo	ood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
27		enings in A8.b 0					
d) Engineered f	lood opening	gs? ☐ Yes ☒ No)				(96):
A9. For a building wi	A9. For a building with an attached garage:						
a) Square footage of attached garage 409 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 sq in							
							
d) Engineered flood openings?							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community SARASOTA COUNT		ommunity Number		B2. County Name SARASOTA			B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s		(Zone AO, use Base		
12115C/0452	F	11/04/2016	1	/2016	AE	10	od Depth)
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)? Types X No							
Designation Date: CBRS OPA							

ELEVATION CERTIFICATE

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

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.C 544 BOX ELDER COURT (TALQUIN COURT PER PLAT)	Policy Number:	
City State ENGLEWOOD Florida	ZIP Code	Company NAIC Number
Tionida	34223	
SECTION C – BUILDING ELEVATION INFO	RMATION (SURVEY R	EQUIRED)
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the	Building Under Constru	uction* X Finished Construction
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (v Complete Items C2.a–h below according to the building diagram spec	with REE) AD AD/A AD	/AE, AR/A1–A30, AR/AH, AR/AO.
Benchmark Utilized: SARCO BM #851-K CONVERTED Vertical D	atum: NAVD88	to Nico omy, enter meters.
Indicate elevation datum used for the elevations in items a) through h		
☐ NGVD 1929 区 NAVD 1988 ☐ Other/Source:		
Datum used for building elevations must be the same as that used for	the BFE.	
 a) Top of bottom floor (including basement, crawlspace, or enclosure 	a 11 7	Check the measurement used.
b) Top of the next higher floor		
_	N/A	X feet meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A.	X feet meters
d) Attached garage (top of slab)	11. 1	X feet meters
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 	11. 1	X feet meters
f) Lowest adjacent (finished) grade next to building (LAG)	10. 7	x feet meters
g) Highest adjacent (finished) grade next to building (HAG)	11, 1	X feet meters
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	ng <u>N/A</u> .	x feet meters
SECTION D – SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFI	CATION
This certification is to be signed and sealed by a land surveyor, engineer, of a certify that the information on this Certificate represents my best efforts to statement may be punishable by fine or imprisonment under 18 U.S. Code,	r architect authorized by	
Were latitude and longitude in Section A provided by a licensed land survey		Check here if attachments.
Certifier's Name License Number		and SELFLANK Assessment
RONALD R. NOURSE PSM #6026		
Title VICE PRESIDENT		1
Company Name A M ENGINEERING, LLC.		Whate V ~
Address 8340 CONSUMER COURT		DSM #88026
City State SARASOTA Florida	ZIP Code 34240	Marie M. Seal Harre 026 PSAM 10/21/2019
Signature Date 10/21/2019	Telephone (941) 377-9178	
Copy all pages of this Elevation Certificate and all attachments for (1) communication	tv official. (2) insurance a	gent/company and (3) huilding owner
Comments (including type of equipment and location, per C2(e), if applicable LATITUDE AND LONGITUDE IN SECTION A5 HAS BEEN OBTAINED BY HANDHELD RECEIVER. NOTE:ELEVATIONS HEREON HAVE BEEN CONVERTED FROM NGVD19 FACTOR OF -1.1'.	e) A FIELD MEASUREMEN	NT WITH A GARMIN GPSMAP 76
EQUIPMENT SERVICING THE BUILDING IS AIR CONDITIONER EQUIPM	ENT LOCATED AT THE	EAST SIDE OF THE RESIDENCE.

OMB No. 1660-0008 **ELEVATION CERTIFICATE** Expiration Date: November 30, 2018 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: 544 BOX ELDER COURT (TALQUIN COURT PER PLAT) City State ZIP Code Company NAIC Number **ENGLEWOOD** Florida 34223 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, 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 floodplain management ordinance?

Yes

No

Unknown. The local official must certify this information in Section G. 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.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPODITABLE A ST			LAPITATION Date. November 30, 2018
IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 544 BOX ELDER COURT (TALQUIN COURT PER PLAT)			Policy Number:
City ENGLEWOOD	State Florida	ZIP Code 34223	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 FRONT VIEW



Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

	Expiration Bate. November 50, 2016		
IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 544 BOX ELDER COURT (TALQUIN COURT PER PLAT)			Policy Number:
City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number

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

Photo One Caption REAR VIEW



Photo Two

Photo Two Caption RIGHT SIDE VIEW