ELEVATION CERTIFICATE

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

| IMPORTANT: In these spaces, copy the corresponding in | FOR INSURANCE COMPANY USE | | | | |
|--|---|---|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or B 548 BOX ELDER COURT (TALQUIN COURT PER PLAT) | No. Policy Number: | | | | |
| City State ENGLEWOOD Florid | | Company NAIC Number | | | |
| SECTION G - COM | MUNITY INFORMATION (OPTIC | NAL) | | | |
| 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 engineer, or architect who is authorized by law to data in the Comments area below.) | r documentation that has been si certify elevation information. (Ind | gned and sealed by a licensed surveyor, cate the source and date of the elevation | | | |
| G2. A community official completed Section E for a bu or Zone AO. | ilding located in Zone A (without | a FEMA-issued or community-issued BFE) | | | |
| G3. The following information (Items G4–G10) is provi | ded for community floodplain ma | nagement purposes. | | | |
| G4. Permit Number G5. Date P | Permit Issued | G6. Date Certificate of Compliance/Occupancy Issued | | | |
| G7. This permit has been issued for: New Constr | ruction Substantial Improvem | ent | | | |
| G8. Elevation of as-built lowest floor (including basement) of the building: | | ☐ feet ☐ meters Datum | | | |
| G9. BFE or (in Zone AO) depth of flooding at the building s | ite: | 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) | | | | | |
| | | | | | |
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| | | 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, 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 INSUI | RANCE COMPANY USE | |
|---|----------------|---|------------|-----------------------------------|----------------------|-----------------------------------|------------------------------------|
| A1. Building Owner's Name PARK FOREST PHASE 6, LLC. | | | | Policy Num | iber: | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | | | | Company N | NAIC Number: | |
| | OURT (TAL | QUIN COURT PER P | LAT) | | | | |
| City ENGLEWOOD | | | | State Florida | | ZIP Code 34223 | |
| | | ind Block Numbers, Ta SE 6C (PLAT BOOK 5 | | | | tc.) | |
| A4. Building Use (| e.g., Resider | ntial, Non-Residential, | Addition | , Accessory, | etc.) RESIDEN | ITIAL | |
| A5. Latitude/Longi | tude: Lat. 2 | 6°58'34.44"N | Long. 8 | 2°20'29.95"W | Horizonta | al Datum: NAD | 1927 × NAD 1983 |
| A6. Attach at least | 2 photograp | hs of the building if the | e Certific | cate is being u | used to obtain floo | od insurance. | |
| A7. Building Diagra | am Number | 1A | | | | | |
| A8. For a building | with a crawls | space or enclosure(s): | | | | | |
| a) Square foo | tage of crawl | space or enclosure(s) | | | 0.00 sq ft | | |
| b) Number of p | permanent flo | ood openings in the cr | awlspac | e or enclosure | e(s) within 1.0 foo | t above adjacent gra | ade 0 |
| A second second second | | penings in A8.b | | 0.00 sq in | | | - |
| d) Engineered | flood openir | ngs? Yes 🗵 N | No | | | | |
| A9. For a building v | vith an attach | ned garage: | | | | | |
| a) Square foot | age of attach | ned garage | | 409.00 sq ft | | | |
| b) Number of p | ermanent flo | ood openings in the at | tached g | jarage within | 1.0 foot above adj | acent grade 0 | |
| c) Total net are | ea of flood of | penings in A9.b | | 0.00 sq | in | E | P |
| d) Engineered flood openings? | | | | | | | |
| | SF | CTION B - FLOOD I | INICIIRA | NCE PATE | MAD (EIDM) INE | ODMATION | |
| R1 NFIP Commun | | | NOUNA | | | ORIVIATION | DO 04-4- |
| B1. NFIP Community Name & Community Number SARASOTA COUNTY 125144 | | B2. County SARASOTA | | | 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/0452 | F | 11-04-2016 | 11-04-2 | | 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 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 Date: CBRS OPA | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008 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. 548 BOX ELDER COURT (TALQUIN COURT PER PLAT) | | | Policy Number: | |
| City State ZIP Code ENGLEWOOD Florida 34223 | | | Company NAIC Number | |
| SECTION C – BUILDING | 3 ELEVATION INFORM | ATION (SURVEY R | EQUIRED) | |
| C1. Building elevations are based on: Const *A new Elevation Certificate will be required wh C2. Elevations – Zones A1–A30, AE, AH, A (with B Complete Items C2.a–h below according to the Benchmark Utilized: SARCO BM #851-K CON Indicate elevation datum used for the elevations | nen construction of the buil BFE), VE, V1–V30, V (with be building diagram specified VERTED Vertical Datur | BFE), AR, AR/A, AR/ d in Item A7. In Puert n: NAVD88 | /AF AR/A1-A30 AR/AH AR/AO | |
| ☐ NGVD 1929 ⊠ NAVD 1988 ☐ Ot | | | | |
| Datum used for building elevations must be the a) Top of bottom floor (including basement, cra b) Top of the next higher floor c) Bottom of the lowest horizontal structural me d) Attached garage (top of slab) e) Lowest elevation of machinery or equipmen (Describe type of equipment and location in f) Lowest adjacent (finished) grade next to bui g) Highest adjacent (finished) grade next to bu h) Lowest adjacent grade at lowest elevation o structural support | awlspace, or enclosure floo ember (V Zones only) at servicing the building Comments) ilding (LAG) uilding (HAG) of deck or stairs, including | or) | Check the measurement used. 11.6 | |
| SECTION D - SURVEY | OR, ENGINEER, OR AF | CHITECT CERTIFI | ICATION | |
| This certification is to be signed and sealed by a lan I certify that the information on this Certificate repressitatement may be punishable by fine or imprisonme. Were latitude and longitude in Section A provided by | d surveyor, engineer, or ar sents my best efforts to inte ent under 18 U.S. Code, Se | rchitect authorized by erpret the data availant ection 1001. | / law to certify elevation information | |
| Certifier's Name RONALD R. NOURSE | License Number PSM #6026 | | 1 | |
| Title VICE PRESIDENT Company Name A M ENGINEERING, LLC. Address 8340 CONSUMER COURT City SARASOTA | State Florida | ZIP Code 34240 | MAINCE /SMHERE 01/28/2021 | |
| Signature | | 586,WSS 5.61 | | |
| m1. Vh 011 | 28/2021 | Telephone (941) 377-9178 | Ext. 201 | |
| Copy all pages of this Elevation Certificate and all attac | | official, (2) insurance a | 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 A FIELD MEASUREMENT WITH A GARMIN GPSMAP 76 HANDHELD RECIEVER. NOTE: ELEVATIONS HEREON HAVE BEEN CONVERTED FROM NGVD1929 DATUM TO NAVD88 DATUM USING A CONVERSION FACTOR OF -1.1' EQUIPMENT SERVICING THE BUILDING IS HOT WATER HEATER LOCATED IN THE GARAGE OF THE RESIDENCE. | | | | |

Balling of the Miller of the Control in what are not to the project of the control of the project of the second of the control of the ા તેમાં તેમાં મુખ્યાને કરાયો માર્થિક પ્રાથમિક પ્રાથમિક પ્રાથમિક માર્થકો માર્થકો કરો છે. તેમાં મુખ્ય કર્યો કરી આ પ્રાથમિક મુખ્યાના માર્થકાનું તેમાં માર્થકાના માર્થકાના કાર્યો કરાયા માર્થકાના માર્થકાના માર્થકાના માર્થકાના Mark to the first the control of the second r kingga jarah akalongan bilanca gallers () (数2) 其一字字的对话的一个事事员 िर्देश के अभिनेत्रक का क्षित्र के विक्री के अभिनेत्रक क्षित्र के अभिनेत्रक का क्षित्र के अधिक क्षित्र के अभिने हैं कि किस का का बिक्री के अपने कि की की किस के बिक्री के किस के अधिक की किस के अधिक की की किस की अधिक की की क ga linga menjan ang kingi 2. 金融公司 2011年中国中国大学的基本的国际中国共和国共和国 Proces that the total of the ing global kapang dan berminal panglagagan pengangan bermada panglang berminal pengangan pengangan pengangan p grafegetsterstv. त्या करता है। तह तो करता में सुने हैं है। इस देख इंग्लंड के बोर्ट के प्रकार कर है। इस देखार के लाग का मुख्या करता है जिस के लिए के लिए के कि के कि कर है। Saft Converse (Saftun) FIGURE THE PROPERTY OF THE PARTY OF THE PART ्रिक्षेत्र हा राज्याची क्रिक्सी होता क्षा व राज्योग के सामार्ज और अल when the delication will be a second THE PARTY OF A SALE PARTY AND THE PARTY OF THE

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ELEVATION CERTIFICATE

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

| IMPORTANT: In these spaces, copy the correspondi | FOR INSURANCE COMPANY USE | | | | |
|--|--|-------------------------------|---|--|--|
| Building Street Address (including Apt., Unit, Suite, and 548 BOX ELDER COURT (TALQUIN COURT PER PLA | Policy Number: | | | | |
| ENGLEWOOD | itate ZIP Code lorida 34223 | | Company NAIC Number | | |
| SECTION E – BUILDING ELE FOR ZONE | EVATION INFORMATION (SUR AO AND ZONE A (WITHOUT | VEY NOT BFE) | REQUIRED) | | |
| For Zones AO and A (without BFE), complete Items E1-complete Sections A, B,and C. For Items E1–E4, use na enter meters. E1. Provide elevation information for the following and of the section information for the section information for the following and of the section information for the section information for the section information informatio | atural grade, if available. Check th | e measurei | ment used. In Puerto Rico only, | | |
| the highest adjacent grade (HAG) and the lowest a a) Top of bottom floor (including basement, | djacent grade (LAG). | OW WHETHE | the elevation is above or pelow | | |
| crawlspace, or enclosure) is b) Top of bottom floor (including basement, | [fee | meter | above or below the HAG. | | |
| crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood or | | meter | _ _ | | |
| the next higher floor (elevation C2.b in the diagrams) of the building is | | is a and/or | _ | | |
| E3. Attached garage (top of slab) is | [feet | meter | | | |
| 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 floodplain management ordinance? Yes | , is the top of the bottom floor ele No | vated in acc ficial must c | cordance with the community's ertify this information in Section G. | | |
| SECTION F - PROPERTY OWN | ER (OR OWNER'S REPRESENT | ATIVE) CE | RTIFICATION | | |
| The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The | e who completes Sections A, B, a e statements in Sections A, B, and | nd E for Zor | ne A (without a FEMA-issued or ect to the best of my knowledge. | | |
| Property Owner or Owner's Authorized Representative's Name | | | | | |
| | | | | | |
| Address | City | Sta | te ZIP Code | | |
| Address Signature | City | | te ZIP Code | | |
| | | | | | |
| Signature | | | | | |
| Signature | | | | | |
| Signature | | | | | |
| Signature Comments | | | | | |
| Signature Comments | | | | | |
| Signature Comments | | | | | |
| Signature Comments | | | | | |
| Signature Comments | | | | | |
| Signature Comments | | | | | |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, co | TOD INCLIDANCE COMPANY HOS | | |
|--|----------------------------|-------------------|--|
| 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. 548 BOX ELDER COURT (TALQUIN COURT PER PLAT) | | | FOR INSURANCE COMPANY USE 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

Clear Photo One



Photo Two Caption LEFT SIDE VIEW (WEST)

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

| | | XXV | • |
|--|---------------------------|-------------------|---|
| IMPORTANT: In these spaces, copy the | FOR INSURANCE COMPANY USE | | |
| Building Street Address (including Apt., Un 548 BOX ELDER COURT (TALQUIN COU | 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 Three

Photo Three Caption REAR VIEW

Clear Photo Three



Photo Four Caption RIGHT SIDE VIEW (EAST)

Clear Photo Four