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.

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE			
A1. Building Owner's Name PARK FOREST PHASE 6, LLC.	Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number:			
563 BOX ELDER CT (FIELD) TALQUIN COURT (PLAT) City State	717.0			
ENGLEWOOD Florida	ZIP Code 34223			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 98, PARK FOREST, PHASE 6C (PLAT BOOK 50, PAGE 47) P.I.D. #0851-02-0046				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL				
A5. Latitude/Longitude: Lat. 26°58'33.51"N Long. 82°20'29.31"W Horizontal Datur	n: NAD 1927 X NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	ance.			
A7. Building Diagram Number1A				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s) sq ft				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent grade 0			
c) Total net area of flood openings in A8.b sq in				
d) Engineered flood openings?				
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 3			
c) Total net area of flood openings in A9.b 384 sq in				
d) Engineered flood openings? Yes No				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
B1. NFIP Community Name & Community Number SARASOTA COUNTY 125144 B2. County Name SARASOTA	B3. State Florida			
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ B8. Flood Zone(s)	(Zone AO, use Base			
12115C/0452 F 11/04/2016 Revised Date 11/04/2016 AE	Flood 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 X NAVD 1988 Ott	her/Source:			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No				
Designation Date:				

ELEVATION CERTIFICATE

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

MPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit 563 BOX ELDER CT (FIELD) TALQUIN CO	, Suite, and/or Bldg. No.) or P.O. Rout URT (PLAT)	e and Box No.	Policy Number:	
City	State ZIP 0	585085088600	Company NAIC Number	
ENGLEWOOD	ENGLEWOOD Florida 34223			
SECTION C - B	BUILDING ELEVATION INFORMATI	ON (SURVEY R	EQUIRED)	
*A new Elevation Certificate will be red	quired when construction of the buildin	· · · · · · · · · · · · · · · · · · ·		
C2. Elevations – Zones A1–A30, AE, AH, Complete Items C2.a–h below accord Benchmark Utilized: SARCO BM #85	A (With BFE), VE, V1–V30, V (With BF ling to the building diagram specified in 1-K CONVERTED Vertical Datum: N	ltem A7. In Puert	'AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.	
Indicate elevation datum used for the €	: : : : : : : : : : : : : : : : : : :	<i>'</i> .		
Datum used for building elevations mu		F		
50001			Check the measurement used.	
a) Top of bottom floor (including base	ement, crawlspace, or enclosure floor)			
b) Top of the next higher floor		N/A	X feet meters	
c) Bottom of the lowest horizontal stru	uctural member (V Zones only)	N/A	X feet meters	
d) Attached garage (top of slab)	3949 Summanus	10. 7		
e) Lowest elevation of machinery or e (Describe type of equipment and lo	equipment servicing the building ocation in Comments)	<u> </u>	X feet meters	
f) Lowest adjacent (finished) grade n	ext to building (LAG)	10. 1	X feet meters	
g) Highest adjacent (finished) grade n	A CONTRACTOR OF THE STATE OF TH	10.8		
h) Lowest adjacent grade at lowest el- structural support		N/A		
SECTION D - :	SURVEYOR, ENGINEER, OR ARCI	HITECT CERTIE	ICATION	
This certification is to be signed and sealed I certify that the information on this Certifica statement may be punishable by fine or imp	by a land surveyor, engineer, or archi	itect authorized by	law to cortify oldystian information	
Were latitude and longitude in Section A pro-			Check here if attachments.	
Certifier's Name	License Number			
RONALD R. NOURSE	PSM #6026			
Title VICE PRESIDENT				
Company Name A M ENGINEERING, INC.			World Seal	
Address 8340 CONSUMER COURT			MSM \$6026	
City SARASOTA		ZIP Code 34240	10/17/2018	
Signature WM 1. Vh		Telephone (941) 377-9178		
Copy all pages of this Elevation Certificate an	d all attachments for (1) community offic	cial, (2) insurance a	agent/company, and (3) building owner.	
Comments (including type of equipment and LATITUDE AND LONGITUDE IN SECTION HANDHELD RECEIVER. NOTE: ELEVATIONS HEREON HAVE BEEI FACTOR OF -1.1'. NOTE: FLOOD VENTS INSTALLED (3 TOT EQUIPMENT SERVICING THE BUILDING RESIDENCE.	d location, per C2(e), if applicable) I A5 HAS BEEN OBTAINED BY A FIEL N CONVERTED FROM NGVD1929 DA FAL) ARE SMART VENT MODEL 1540	LD MEASUREMEI ATUM TO NAVD8	NT WITH A GARMIN GPSMAP 76 88 USING A CONVERSION	

ASSET THE PARTY. ty sail is said task claim i 🗘 ત્રાં કે માત્ર કરાવાનું કરતી જાહેલા માત્ર કરો મુંદ્રો હતું કહ્યું કે મુંદ્રો કહ્યું કરતા છે. માત્ર કે માત્ર કે પ્રોથમ કર્યો કે માત્ર કરો છે. તેમ કે માત્ર કે માત્ર કે માત્ર કે માત્ર કે માત્ર કે માત્ર કે મ mander Two grades at the วิจังนะ เมื่อรั้งได้เหลือน ปี [] Charter with air words as a convent erson francisco segue y control gris su lightly tricility of light at the rotal residence. a arealy, grad the like offerer ourse ordered back the decimal are soft are en regina de compre combo o de 1900 1900 de 19 De entre la transportación de 1900 de 1 Emple Company of the conand the control of th The residence of the second second of the se િલ્લો કર્યો હોઈ હતા. કાર્યા મારા પ્રાપ્ત કર્યા હતા. તેમણા કોફ્યમાં કાર્યા કે કુંકા કાર્યોની ધારામાં છે ધારા ના કોંગ્રેફ કે eren asargi kasan, chaksiki ্যাক্রিকে কুলি, ভালী পাইলি, ডালী পাছ There are the another than the state of a serie of the series of the ser a jaran ing garat ang managanakan dibi तुर्वकृत्रकार चर्च विकास सम्बद्धाः व अस्य वृत्रक्वितास्त्रिकाम्प्रीतस्त्र । स्वयं अस्य स्वयं विवास स्वयं अस्य अस्य अस्य विवास सम्बद्धाः । स्वयं अस्य सम्बद्धाः अस्य स्वयं स्वयं अस्य स्वयं स्वयं स्वयं स्वयं अस्य स्वयं स्वय 90.50 e produce de la companya de la comp La companya de la co - Agrain gerth 2017 Agrae Adab ក្តី ស្រាស់ ស្ត្រី ស្រាស់ ស្រាស់ មនុស្ស អ្នកស្រាស់ អនុសាធិត្តស្ថិត ស្រាស់ ស្ត្រី សាស់ សេស្តិត ស្រាស់ ស្ត្រី ស 7.4 . U. SECTION SECTION करणा (विकास अनुसार के उन्हें के उन्हें के अनुसार के अन्य का किया है। अनुसार के अनुसार के अनुसार के अनुसार के अ अनुसार के nie nie liebanijs eksame i maki besek

ATCHASE

Services in the Service Services

3.数1000 克克· () 自己多少 5%

CHANGE THE ARREST

Swarman 14

के किया है। जिसे के किया के कि किया के किया क किया के किया के किया के किया किया के किया किया

្នាក់ ស្ត្រី ស្ត្រីស្ត្រីស្ត្រី ស្ត្រីស្ត្រី ស្ត្រីស្ត្រី ស្ត្រី ស្ត្រីស្ត្រី ស្ត្រីស្ត្រី ស្ត ស្ត្រីស្ត្រី ស្ត្រី ស្ត្រី ស្ត្រី ស្ត្រីស្ត្រី ស្ត្រីស្ត្រី ស្ត្រីស្ត្រី ស្ត្រីស្ត្រី ស្ត្រីស្ត្រី ស្ត្រីស្ត្

audin speusines duting

ELEVATION CERTIFICATE

OMB No. 1660-0008 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. 563 BOX ELDER CT (FIELD) TALQUIN COURT (PLAT)			Policy Number:	
City ENGLEWOOD	State Florida	ZIP Code 34223		Company NAIC Number
SECTION E – BUILDING E FOR ZOI	LEVATION INFOR	MATION (SURVE A (WITHOUT BF	Y NOT I	REQUIRED)
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.	E1-E5. If the Certifical natural grade, if ava	ate is intended to si ilable. Check the n	upport a neasuren	LOMA or LOMR-F request, nent used. In Puerto Rico only,
E1. Provide elevation information for the following an the highest adjacent grade (HAG) and the lowes a) Top of bottom floor (including basement	id check the appropri t adjacent grade (LA	ate boxes to show G).	whether	the elevation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement)] meters	above or below the HAG.
 Top of bottom floor (including basement, crawlspace, or enclosure) is] meters	above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in	openings provided in		_	<u>_</u>
the diagrams) of the building is E3. Attached garage (top of slab) is			_	
E4. Top of platform of machinery and/or equipment	·-		_	
servicing the building is E5. Zone AO only: If no flood depth number is availa	his is the ton of the i	feet [
floodplain management ordinance? Yes	No Unknow	n. The local officia	al must co	ertify this information in Section G.
SECTION F - PROPERTY OV	VNER (OR OWNER'S	S REPRESENTAT	IVE) CE	RTIFICATION
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.				
community-issued BFE) or Zone AO must sign here.	The statements in Se	ections A, B, and E	are corre	ect to the best of my knowledge.
community-issued BFE) or Zone AO must sign here. Property Owner or Owner's Authorized Representative	The statements in Se	ections A, B, and E	are corre	ect to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address	The statements in Se	ections A, B, and E	are corre	ect to the best of my knowledge.
Community-issued BFE) or Zone AO must sign here. Property Owner or Owner's Authorized Representative	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge. The State of the best of my knowledge. The State of the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge. The State of the best of my knowledge. The State of the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge. The State of the best of my knowledge. The State of the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge. The State of the best of my knowledge. The State of the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge. The State of the best of my knowledge. The State of the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge. The State of the best of my knowledge. The State of the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge. The State of the best of my knowledge. The State of the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge. The State of the best of my knowledge. The State of the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge. The State of the best of my knowledge. The State of the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in Sere's Name	ections A, B, and E	sta	ect to the best of my knowledge. The State of the best of my knowledge. The State of the best of my knowledge.

ELEVATION CERTIFICATE

OMB No. 1660-0008 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. 563 BOX ELDER CT (FIELD) TALQUIN COURT (PLAT)	Policy Number:			
City State ZIP Code ENGLEWOOD Florida 34223	Company NAIC Number			
SECTION G - COMMUNITY INFORMATION (OPTIONA	L)			
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 Section E for a building located in Zone A (without a Fl or Zone AO.	EMA-issued or community-issued BFE)			
G3. The following information (Items G4–G10) is provided for community floodplain manag	ement purposes.			
G4. Permit Number 18-100342 B1 G5. Date Permit Issued G6.	Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for: New Construction Substantial Improvement				
G8. Elevation of as-built lowest floor (including basement) of the building:	eet meters Datum			
G9. BFE or (in Zone AO) depth of flooding at the building site:	eet meters Datum			
	eet meters Datum			
Local Official's Name Title				
Community Name Telephone				
Signature Date				
Comments (including type of equipment and location, per C2(e), if applicable)				
	Check here if attachments.			

18-10034281

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 563 BOX ELDER CT (FIELD) TALQUIN COURT (PLAT)		
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 (10-05-18)



Photo Two

Photo Two Caption LEFT SIDE VIEW (10-05-18)

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 563 BOX ELDER CT (FIELD) TALQUIN COURT (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 (10-05-18)



Photo Two

Photo Two Caption RIGHT SIDE VIEW (10-05-18)