Sarasota County

PLANNING AND DEVELOPMENT SERVICES
1001 Sarasota Center Blvd., Sarasota, FL 34240 – (941)861-6678
4000 S. Tamiami Trail, Rm. 122, Venice, FL 34293 – (941)861-3029

AUG 26 2020

Date Stamp

MARTY D.

Plan Change/Correction Transmittal

Permit # 19 128 750 00 B1 **Date Submitted:** 8/25/2020
Site Address: 1613 Caribbean Drive, Sarasota, FL 34231
Contact Person's Name: Melissa Andrews
Email Address: melissa@nuttercustomconstruction.com **Phone #** 941-924-1868 ext. 201

CHECK ONE:

☐ **Corrections Requested by Reviewer**
☑ **Plan Change (After Permit Issued)**

*****Revisions/Plan modifications are only accepted after a permit is issued. We do not accept Pre-Issuance Plan Changes*****

Description of correction/s or change submitted:
Under construction elevation Certificate

Do these changes change the construction value? No ☑ Yes ☐
If yes, what is the additional construction value: $_____

****2 Copies of this cover sheet and all plans and documents are required for each submittal**.**
Permit # must be on all attached documents.

Applicant Must Check Plan Review Section(s) That Need To Review This Change/Correction
(Plan Changes to Property Located on a Barrier Island, i.e. Siesta Key or Casey Key will be routed to Building, Zoning and Environmental Protection)

☐ Building ☐ Zoning ☐ Drainage ☐ Env Prot ☐ Env Health ☒ Flood ☐ Fire

For Office Use Only

Additional Fees for Services, Computed & Added by Plans Examiner(s) $ _____

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 INSURANCE COMPANY USE
A1. Building Owner's Name Tim Wallen		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1613 Caribbean Drive		Company NAIC Number:
City Sarasota	State Florida	ZIP Code 34231

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 4, Block H, Coral Cove, PID 0110070020

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____

A5. Latitude/Longitude: Lat. 27.244284 N Long. 82.518063 W Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 1B

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) N/A sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A8.b N/A sq in

d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:

a) Square footage of attached garage 977.00 sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 6

c) Total net area of flood openings in A9.b 768.00 sq in

d) Engineered flood openings? ☒ Yes ☐ No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
Sarasota County 125144	Sarasota	Florida

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
12115C0207	F	11-04-2016	11-04-2016	AE	11

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: LOMR 18-04-6698P Effective Date 03/08/2019

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

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 INSURANCE COMPANY USE
A1. Building Owner's Name Tim Walter		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1813 Caribbean Drive		Company NAIC Number:
City Sarasota	State Florida	ZIP Code 34231

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 4, Block 8, Coral Cove, PID 0117020020

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)

A5. Latitude/Longitude: Lat. 27.2[illegible] N Long. 82.5[illegible] W Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 2B

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) N/A sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A8.b N/A sq in

d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:

a) Square footage of attached garage 577.00 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 68.00 sq in

d) Engineered flood openings? ☒ Yes ☐ No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
Sarasota County 125144	Sarasota	Florida

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. Flood Zone(s)	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
12115C0207	F	11-04-2016	AE	AE	7

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: LOMR 16-04-3698P Effective Date 09/03/2019

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

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. 1613 Caribbean Drive			Policy Number:
City Sarasota	State Florida	ZIP Code 34231	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☒ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: Sarasota County BM 110 A Vertical Datum: NGVD(EL10.19) - NAVD(EL.9.10)

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	12.5	☒ feet	☐ meters
b) Top of the next higher floor	N/A	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☒ feet	☐ meters
d) Attached garage (top of slab)	6.5	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	6.5	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	6.6	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	☒ feet	☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 James B. Burchett	License Number LS5701		
Title President			
Company Name Sampey, Burchett and Knight, Inc.			
Address 1570 Global Court			
City Sarasota	State Florida	ZIP Code 34240	
Signature James B Burchett	Date 08-21-2020	Telephone (941) 342-0349	Ext.

J.B. BURCHETT CERTIFICATE No. 5701 STATE OF FLORIDA REGISTERED SURVEYOR & MAPPER
B Burchett
8/21/20

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)

A9.c) Raw opening 8"x16" at this time. Engineered flood vents to be installed upon completion of residence.

C2.(e) Equipment not installed at this time.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2009

IMPORTANT: In these sections, 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.	FOR INSURANCE COMPANY USE
Sarasota	Policy Number:
City: Sarasota / State: Florida / ZIP Code: 34234	Company NAIC Number:

SECTION C – PROPERTY DESCRIPTION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☒ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be needed after the construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: Sarasota County BM 10 A — Vertical Datum: NGVD 1929 (ELEV 10)

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:

Datum used for building elevations must be the same as that used for the BFE.

			Check the measurement used
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	14.5	☒ feet	☐ meters
b) Top of the next higher floor	N/A	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☒ feet	☐ meters
d) Attached garage (top of slab)	9.5	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	9.5	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	9.5	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	☐ feet	☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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: James E. Bonfoey	License Number: 5107	
Title: President		
Company Name: Sampey, Bunch and Hogan, Inc.		
Address: 1210 Global Court		
City: Sarasota	State: Florida	ZIP Code: 34240
Signature	Date: 09-11-2009	Telephone: (941) 342-0018 Ext.

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)

AE or Flood zone(s) 0"/AH" at this time. Engineered flood vents to be installed upon completion of residence.

C2.(e) Equipment location unknown at this time

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. 1613 Caribbean Drive			Policy Number:
City Sarasota	State Florida	ZIP Code 34231	Company NAIC Number

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 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.

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.
1313 Gainsboro Drive

Policy Number:

City: Sarasota | State: Florida | ZIP Code: 34231

Company NAIC Number:

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 Item 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 elevation 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.

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. 1613 Caribbean Drive			Policy Number:
City Sarasota	State Florida	ZIP Code 34231	Company NAIC Number

SECTION 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 Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	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: _____ ☐ 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)

☐ Check here if attachments.

ELEVATION CERTIFICATE

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. 1010 Cambden Drive	Policy Number
City Sarasota / State Florida / ZIP Code 34231	Company NAIC Number

SECTION 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 land 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 FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	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: _____ ☐ 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(c) if applicable)

☐ Check here if attachment.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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. 1613 Caribbean Drive			Policy Number:
City Sarasota	State Florida	ZIP Code 34231	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

Photo One Caption

Clear Photo One

Photo Two

Photo Two

Photo Two Caption

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING INFORMATION

See instructions for Item A1.

OMB No. 1660-0008
Expiration Date: November 30, 2012

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. 10130 Gulfstream Drive	Policy Number:
City: Sarasota / State: Florida / ZIP Code: 34231	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, one or more 2 building photographs below are required to the flood vulnerabilities in Item A6. Identify all photographs with the labels "Front View" and "Rear View" and, if required, "Right Side View" and "Left Side View". When applicable, photographs must show the foundation representative examples of the flood openings or vents as indicated in Section A6. If submitting more photographs than will fit on this page, use the Continuation Page.

Photo One Caption

Photo Two Caption

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS
Continuation Page

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. 1613 Caribbean Drive			Policy Number:
City Sarasota	State Florida	ZIP Code 34231	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

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, or bldg. No.) or P.O. Route and Box No. 1473 Cantilever Drive	Policy Number:
City: Sarasota / State: Florida / ZIP Code: 34231	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, attach 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 A.

Photo Three Location

Photo Four Location