

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

| | |
|--|---------------------------|
| A1. Building Owner's Name Martin Gilbert 12-388 | FOR INSURANCE COMPANY USE |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 306 Charles Drive | Policy Number: |
| City Nokomis State FL ZIP Code 34275 | Company NAIC Number: |

11-106323 B1

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Portion of U.S. Lot 2, Section 26, Township 38 South, Range 18 East, Sarasota County Florida

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

A5. Latitude/Longitude: Lat. N27D-08'-22.78" Long. W82D-27'-54.00" 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) | <u>N/A</u> sq ft |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade | <u>N/A</u> |
| c) Total net area of flood openings in A8.b | <u>N/A</u> sq in |
| d) Engineered flood openings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

A9. For a building with an attached garage:

| | |
|---|--|
| a) Square footage of attached garage | <u>N/A</u> sq ft |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade | <u>N/A</u> |
| c) Total net area of flood openings in A9.b | <u>N/A</u> sq in |
| d) Engineered flood openings? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 125144 0239 | B5. Suffix D | B6. FIRM Index Date 09-03-92 | B7. FIRM Panel Effective/Revised Date 05-01-84 | B8. Flood Zone(s) A12 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 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: _____

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

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: Phoenix 10-14814 EL=8.36 Vertical Datum: NGVD

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) | <u>12.1</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>11.8</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>12.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>9.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>11.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>11.8</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> 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.


Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

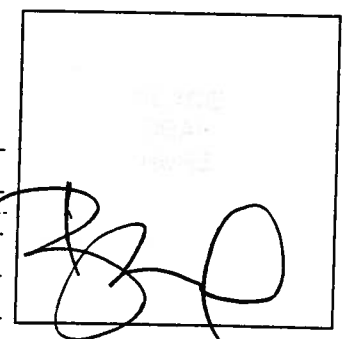
Check here if attachments.

Certifier's Name R. J. STRICKLAND, JR. License Number 6144/FLORIDA

Title PSM Company Name ALL SERVICE LAND SURVEYING, INC.

Address 7840 TOLEDO BLADE BLVD. City PORT CHARLOTTE State FL ZIP Code 33948

Signature  Date 02-17-2014 Telephone (941)629-6801



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

FOR INSURANCE COMPANY USE

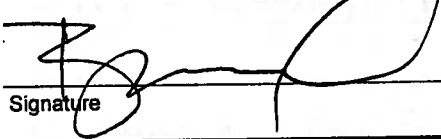
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
306 Charles Drive
City Nokomis State FL ZIP Code 34275

Policy Number:
Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments C2e. IS AIR CONDITIONER. NOTE: THIS DOCUMENT IS PREPARED EXCLUSIVELY FOR THE PARTY ABOVE. USE OF THIS CERTIFICATE BY OTHERS WILL BE AT THE SOLE RISK OF THE USER. COPYRIGHT 2014 DUPLICATION PROHIBITED.

Signature 

Date 02-17-2014

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 8–9 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's or Owner's Authorized Representative's Name _____

| | | | |
|-----------------|------------|-----------------|----------------|
| Address _____ | City _____ | State _____ | ZIP Code _____ |
| Signature _____ | Date _____ | Telephone _____ | |

Comments _____

Check here if attachments.

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 _____

Check here if attachments.

Building Photographs

See Instructions for Item A6.

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.
306 Charles Drive

City Nokomis

State FL

ZIP Code 34275

FOR INSURANCE COMPANY USE

Policy Number:

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.



Front View 02-18-2014

Building Photographs

See instructions for 118 AB

SECTION 1: Please describe the construction and condition of the building. (See instructions for 118 AB)

| |
|----------------------------|
| 118 - INVESTIGATIVE PAGE 1 |
| Check Number |
| Number of Photographs |

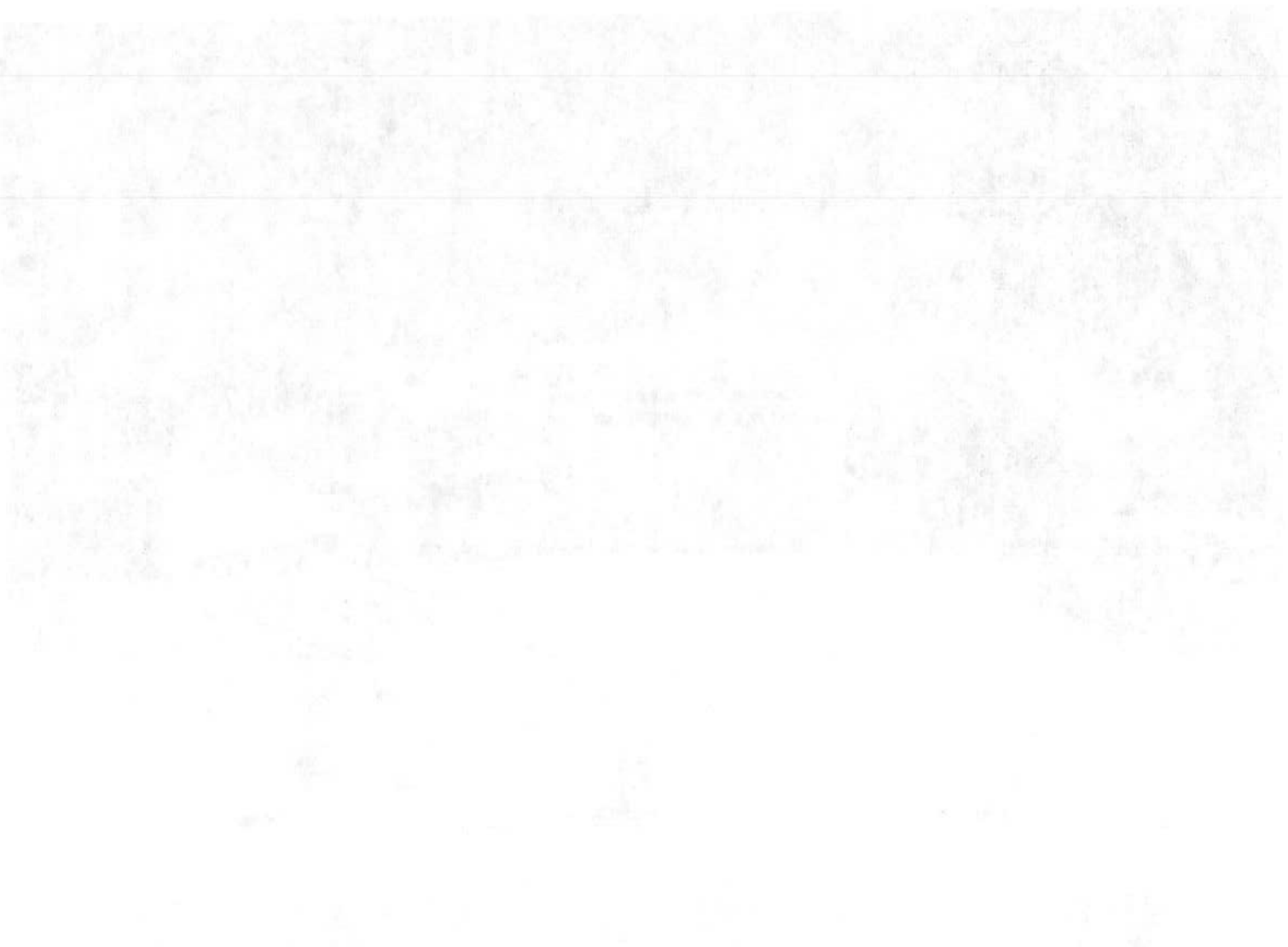
1. Describe the building's location, including street names and landmarks. (See instructions for 118 AB)

2. Describe the building's exterior, including materials, colors, and architectural features. (See instructions for 118 AB)

3. Describe the building's interior, including room layouts, furniture, and fixtures. (See instructions for 118 AB)

4. Describe any signs, posters, or notices on the building. (See instructions for 118 AB)

5. Describe any other relevant information about the building. (See instructions for 118 AB)



118 - INVESTIGATIVE PAGE 1

Building Photographs

Continuation Page

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.
306 Charles Drive

City Nokomis

State FL

ZIP Code 34275

FOR INSURANCE COMPANY USE

Policy Number:

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.



Rear View 02-18-2014

Building Photographs

Construction Phase

REPORT: In these photos you can find the corresponding elevation to Section 4.

Building Name: [Blank] Date: [Blank] Photographer: [Blank]

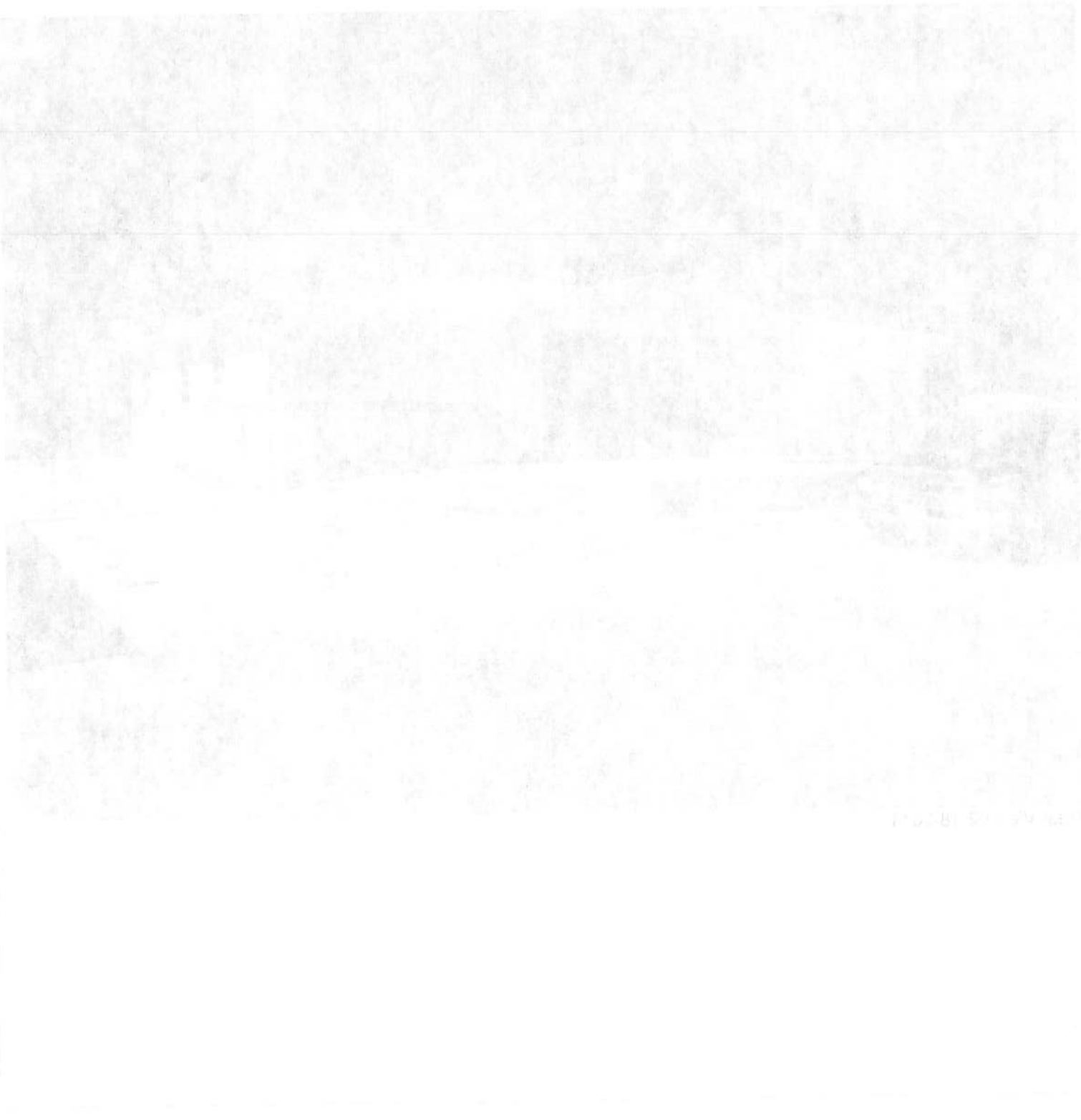
Project Name: [Blank]

Page: [Blank]

Scale: 1:500 Date: 01.05.2017

Location: [Blank]

The photos show the building from the north side. The building is a three-story building with a flat roof. The photos show the building from the north side. The building is a three-story building with a flat roof. The photos show the building from the north side. The building is a three-story building with a flat roof.



North side of building