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 INSU	RANCE COMPANY USE	
A1. Building Owner's Name KHASHAYAR & PATRICIA JARA DANESHMAND					Policy Nun	iber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1109 BAYSHORE RD				Company I	NAIC Number:		
City NOKOMIS				State Florida		ZIP Code 34275	
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) METES & BOUNDS, TAX ID #0167160011						
A4. Building Use (e.g., Resider	itial, Non-Residential,	Addition	, Accessory,	etc.) RESIDEI	NTIAL	
A5. Latitude/Longi	tude: Lat. 2	7.18892°	Long8	32.47133°	Horizont	al Datum: NAD	1927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floo	od insurance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)			N/A sq ft		
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foc	ot above adjacent gr	ade N/A
c) Total net ar	ea of flood o	penings in A8.b		N/A sqir	1		
d) Engineered	I flood openir	ngs?	No				
A9. For a building v	vith an attach						
a) Square foot	age of attach	ned garage		963 sq ft			
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above ac	ljacent grade N/A	
	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A sq in						
<u> </u>			Jo.	1			
d) Engineered	d) Engineered flood openings? Yes No						
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) IN	FORMATION	
B1. NFIP Commun SARASOTA COUN	•	Community Number		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 I (Zone AO, us	 Elevation(s) se Base Flood Depth)
12115C-0239	F	11-04-2016	11-04-2		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:							
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 DPA							

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or 1109 BAYSHORE RD	Policy Number:					
City Stat NOKOMIS Flor		IP Code 4275	Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction Drawings* X 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: PLAT BM 167						
Indicate elevation datum used for the elevations in it	, , ,	elow.				
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/S Datum used for building elevations must be the same		e BFE.	Check the measurement used.			
 a) Top of bottom floor (including basement, crawlsp 	ace, or enclosure flo	oor)	12.5 × feet meters			
b) Top of the next higher floor			N/A ⋉ feet ☐ meters			
c) Bottom of the lowest horizontal structural membe	r (V Zones only)		N/A ⋉ feet meters			
d) Attached garage (top of slab)			9.9 × feet meters			
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 	vicing the building ments)		N/A \boxtimes feet \square meters			
f) Lowest adjacent (finished) grade next to building	(LAG)		8.0 × feet meters			
g) Highest adjacent (finished) grade next to building	(HAG)		9.2 × feet meters			
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including		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? \boxtimes Yes \square No \boxtimes Check here if attachments.						
Certifier's Name B. GREGORY RIETH	License Number 5228		WHITE GORY			
Title PSM/CFM			THE CREW AND THE PROPERTY OF T			
Company Name BENNETT-PANFIL, INC.			NO. 5228 **REGORY PROBLEM ** NO. 5228 STATE OF STATE LAND LAN			
Address 742 SHAMROCK BLVD			O THE TOP TO STATE OF THE STATE			
City VENICE	State Florida	ZIP Code 34293	Minimum LAND			
Signature	Date 12-15-2022	Telephone (941) 497-1290	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) FILE #21-09-63. THE SUBJECT STRUCTURE IS UNDER CONSTRUCTION, NO VENTS OR MACHINERY HAVE BEEN INSTALLED AT THIS TIME. SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST APP - NO CONVERSION). ELEVATIONS SHOWN IN SECTION "C" WERE CONVERTED FROM N.G.V.D. 1929 DATUM TO N.A.V.D. 1988 DATUM USING VERTCON CONVERSION PROGRAM. DATE OF FIELD SURVEY: 12-09-2022						

ELEVATION CERTIFICATE

IMP	ORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE					
	lding Street Address (including Apt., Unit, Suite, a 99 BAYSHORE RD	Policy Number:					
City NO	/ KOMIS	State Florida	ZIP Code 34275	Company NAIC Number			
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
con	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.	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 b) Top of bottom floor (including basement, crawlspace, or enclosure) is						
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provide		or 9 (see pages 1–2 of Instructions),			
E3.	Attached garage (top of slab) is		feet me	ters above or below the HAG.			
E4.	Top of platform of machinery and/or equipment servicing the building is		feet me	ters above or below the HAG.			
E5.	Zone AO only: If no flood depth number is available floodplain management ordinance? Yes			accordance with the community's st certify this information in Section G.			
	SECTION F - PROPERTY O	WNER (OR OWNE	ER'S REPRESENTATIVE)	CERTIFICATION			
The	e property owner or owner's authorized represent nmunity-issued BFE) or Zone AO must sign here.	ative who complete . The statements in	es Sections A, B, and E for S Sections A, B, and E are c	Zone A (without a FEMA-issued or orrect to the best of my knowledge.			
Pro	perty Owner or Owner's Authorized Representati	ve's Name					
Add	dress		City	State ZIP Code			
Sig	nature		Date	Telephone			
Cor	mments						
				☐ Check here if attachments.			

ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1109 BAYSHORE RD				Policy Number:			
City NOKOMIS	State Florida	ZIP Code 34275		Company NAIC Number			
SECTIO	N G – COMMUNI	TY INFORMATION (OPTI	ONAL)				
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 or Zone AO.	on E for a building	located in Zone A (withou	t a FEM <i>A</i>	A-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for	or community floodplain m	anageme	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued		Pate Certificate of compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction	n	ment				
G8. Elevation of as-built lowest floor (including of the building:	meters Datum						
G9. BFE or (in Zone AO) depth of flooding at t	he 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.							

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1109 BAYSHORE RD			Policy Number:
City NOKOMIS	State Florida	ZIP Code 34275	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 Caption Clear Photo One



Photo Two Caption Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE	COMPANY USE				
Building Street Address (including Apt., Unit, St 1109 BAYSHORE RD	uite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:			
City NOKOMIS	State Florida	ZIP Code 34275	Company NAIC Nu	mber		
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 1	Γhree				
	Photo Ti	hree				
Photo Three Caption				Clear Photo Three		
	Photo	Four				
	Photo F	our				
Photo Four Caption				Clear Photo Four		