

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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: <u>CAREFREE SHADOWWOOD LLC</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>3901 BAHIA VISTA ST</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>SARASOTA</u> State: <u>FL</u> ZIP Code: <u>34232</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>PID# 0052110001. Lot 713</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>27.324216°</u> Long. <u>-82.489627°</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>8</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>1463</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>2</u> Engineered flood openings: <u>0</u> d) Total net open area of non-engineered flood openings in A8.c: <u>218</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>N/A</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u> d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Sarasota County</u> B1.b. NFIP Community Identification Number: <u>125144</u>	
B2. County Name: <u>Sarasota</u> B3. State: <u>FL</u> B4. Map/Panel No.: <u>12115C0153</u> B5. Suffix: <u>G</u>	
B6. FIRM Index Date: <u>03/27/2024</u> B7. FIRM Panel Effective/Revised Date: <u>03/27/2024</u>	
B8. Flood Zone(s): <u>AE, X (Shaded)</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>15.1, N/A</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: NGS BM H728

Vertical Datum: NAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): _____ 15.9 feet meters

b) Top of the next higher floor (see Instructions): _____ 19.2 feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): _____ 17.8 feet meters

d) Attached garage (top of slab): _____ N/A feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): _____ 19.3 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished _____ 15.8 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished _____ 16.0 feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: _____ 16.3 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 state 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 and describe in the Comments area.

Certifier's Name: Collin Naaman

License Number: 7527

Title: Professional Surveyor & Mapper

Company Name: Naaman & Davidson Surveying, LLC

Address: 680 US 41 Bypass N., Suite 1

City: Venice

State: FL

ZIP Code: 34285

Telephone: (941) 493-1396

Ext.: _____

Email: bsi@brittsurveying.com

Signature: _____

Date: 05/13/2024

Place Seal Here

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

A5) Latitude and Longitude provided by surveyor using a Carlson BRX7 gps unit with a Carlson Rt4 tablet, and NCAT.

C2) Benchmark published elevation = 17.48 ft (NAVD 1988). C2e) AC elevated on a concrete slab on left of building.

FIRM panel at permit issuance: 12115C0153F, effective 11/04/2016. Flood zone X, per FIRM.

Storage room floor elevation of 16.42 ft (NAVD 1988). The bottom floor elevation is the crawlspace dirt floor.

Attachments: Additional photos, flood vent calculations, SCPA Record (for legal desc.).

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SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

This section is left blank intentionally.

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

This section is left blank intentionally.

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SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–8.** Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

This section is left blank intentionally.

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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City: SARASOTA State: FL ZIP Code: 34232

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Front view 04/02/2024

Clear Photo One



Photo Two

Photo Two Caption: Left view 04/02/2024

Clear Photo Two

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BUILDING PHOTOGRAPHS

Continuation Page

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FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: Rear view 04/02/2024

Clear Photo Three



Photo Four

Photo Four Caption: Right view 04/02/2024

Clear Photo Four

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ADDITIONAL BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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Photo One

Photo One Caption: 8" x 16" metal screened flood vent (typical) 04/02/2024

Clear Photo One



Photo Two

Photo Two Caption: 16" x 16" decorative concrete flow through (typical) 04/02/2024

Clear Photo Two

Non-Engineered Vent Calculations: 3901 Bahia Vista St_ Lot 713



H	W	Sq in	Net open area Sq in	net open per sq in	Net open areas	# vents	Total
7.125	13.5	96	82	0.854167	82	From Vent guide	
8	16	128			109	2	218

Source: Non-Engineered Opening Guide, Vol 1/January 2015

A8d) 18 (16"x16") non-engineered decorative concrete block openings higher than 1ft from ground, and 2 metal screened flood vents meeting the requirements of TB 1 provide 1 sf of rated area for each sq in of net open area of the 126 sf storage area: Dimensions = (8"x16") =128 sq in. Best estimated net area of openings = 109 sq in each. Total net area of flood openings: 218 sf. Storage room floor elevation of 16.42 ft (NAVD 1988).



Property Record Information for 0052110001

Ownership: CAREFREE SHADOWWOOD LLC
ATTN: TAX DEPARTMENT 27777 FRANKLIN RD STE 200, SOUTHFIELD, MI 48034
Site Address: 3901 BAHIA VISTA ST SARASOTA, FL 34232

Land Area: 1,648.094 Sq.Ft.
Municipality: Sarasota County
Subdivision: 0000 - NOT PART OF A SUBDIVISION
Property Use: 2860 - Manufactured Home Sites as TPP
Status: OPEN
Sect/Twp/Rge: 27-36S-16E
Census: 121150013042
Zoning: RMH - RESIDENTIAL MANUFACTURED HOME

Transfer Date: 7/11/1969
Recorded Consideration: \$0
Instrument Number: 798/773
Qualification Code: 01
Grantor/Seller: CAREFREE SHADOWWOOD LLC
Owner: CAREFREE SHADOWWOOD LLC
Business Type: LESSORS OF REAL ESTATE PROPERTY
Account Number: BC005792410
Property record information last updated on: 5/9/2024

Sales & Transfers

Associated Tangible Accounts

FEMA Flood Zone Information provided by Sarasota County Government

This property is in a SFHA or CFHA. Click to view the Flood Zone Map.
Different portions of a property can be in different flood zones. Click to view the Flood Zone Map.

Table with columns: FIRM Panel, Floodway, SFHA, Flood Zone, Community, Base Flood Elevation (ft), SFHA. Lists various flood zones like X500, AE, and IN across different panels.

If your property is in a SFHA or CFHA, use the Flood Zone Map to determine if the building footprint is within the flood area.
For more information on flood and flood related issues specific to this property, call (941) 861-5000
Federal law requires flood insurance for all properties in SFHAs with federally backed mortgages.
FEMA Flood Zone Data provided by Sarasota County Government as of 5/6/2024
For general questions regarding the flood map, call (941) 861-5000.

Total Living Units: 251
Zoning: RMH - RESIDENTIAL MANUFACTURED HOME
Parcel Description: PART OF SE 1/4 OF NW 1/4 & SW 1/4 OF NW 1/4 LIVING ELY OF S&B R. LESS SARASOTA FRUITVILLE DRAINAGE CANAL, LESS RD ROW FOR BAHIA VISTA ST DESC IN OR 23856865, SUBJ TO 42660 SF INGRESS & EGRESS ESMT TO SARASOTA COUNTY IN ORI 2012031525 SUBJ TO 26420 SF UTILITY & LIFT STATION ESMT TO SARASOTA COUNTY IN ORI 2012031526 & 2012031527 SUBJ TO 1884 C-SF UTILITY ESMT TO SARASOTA COUNTY AS DESC IN ORI 2022090629

Buildings

Table with columns: Blkg #, Beds, Baths, Half Baths, Year Built, Eff Yr Built, Gross Area, Living Area, Stories. Lists building details for 3901 BAHIA VISTA ST SARASOTA, FL 34232.

Extra Features

Table with columns: Line #, Building Number, Description, Units, Unit Type, Year. Lists features like Canopy (commercial), Fence, Parking Spaces, Utility Building, Commercial Swimming Pool, Concrete block wall, Tennis court.

Values

Table with columns: Year, Land, Building, Extra Feature, Just, Assessed, Exemptions, Taxable, Cap. Lists values for years 2014-2023.

Property taxes may be affected with change in ownership. When buying real estate, you should not assume that property taxes will remain the same. Use our tax estimator to estimate your new taxes.

Current Exemptions

No exemptions associated with this parcel.

