U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

| 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: I AM HAPPY, LLC Policy Number: | | | | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4918 VICTORIA AVE | | | | | |
| City: State: FL ZIP Code: 34233 | | | | | |
| A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: LOT 3, BLK E, HOLLYWOOD GARDENS PI#0091080023 | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): ACCESSORY | | | | | |
| A5. Latitude/Longitude: Lat. 27.2815343, Long. 82.4674249 Horizontal Datum: NAD 1927 XNAD 1983 WGS 84 | | | | | |
| A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8). | | | | | |
| A7. Building Diagram Number:1A | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | |
| a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft. | | | | | |
| b) Is there at least one permanent flood opening on two different sides of each enclosed area? 🔲 Yes 🔲 No 🛛 🕅 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:0 Engineered flood openings:0 | | | | | |
| d) Total net open area of non-engineered flood openings in A8.c: 0.00 sq. in. | | | | | |
| e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): 0.00 sq. ft. | | | | | |
| f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 0.00 sq. ft. | | | | | |
| A9. For a building with an attached garage: | | | | | |
| a) Square footage of attached garage: 0.00 sq. ft. | | | | | |
| b) Is there at least one permanent flood opening on two different sides of the attached garage? 🗌 Yes 🔲 No 🗌 N/A | | | | | |
| c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: 0 Engineered flood openings: 0 | | | | | |
| d) Total net open area of non-engineered flood openings in A9.c:0.00 sq. in. | | | | | |
| e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions):0.00 sq. ft. | | | | | |
| f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): 0.00 sq. ft. | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
| B1.a. NFIP Community Name: SARASOTA B1.b. NFIP Community Identification Number: 125144 | | | | | |
| B2. County Name: SARASOTA B3. State: FL B4. Map/Panel No.: 12115C-0162 B5. Suffix: F | | | | | |
| B6. FIRM Index Date: 11/04/2016 B7. FIRM Panel Effective/Revised Date: 11/04/2016 | | | | | |
| B8. Flood Zone(s): X B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): N/A | | | | | |
| B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: | | | | | |
| 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 X No Designation Date: | | | | | |
| B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? | | | | | |

| ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box 4918 VICTORIA AVE | No.: FOR | R INSURANCE COMPANY USE | | |
| City: SARASOTA, State: FL ZIP Code: 34233 | | y Number: pany NAIC Number: | | |
| SECTION C – BUILDING ELEVATION INFORMATION | SURVEY REQL | JIRED) | | |
| C1. Building elevations are based on: Construction Drawings* Building Under Construction* X 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), A99. Complete Items C2.a–h below according to the Building Diagram specified in I Benchmark Utilized: <u>NGS "Z 701" PID - DL2165</u> Vertical Datum: <u>NA</u> | em A7. In Puerto | | | |
| Indicate elevation datum used for the elevations in items a) through h) below. | | | | |
| Datum used for building elevations must be the same as that used for the BFE. Convers If Yes, describe the source of the conversion factor in the Section D Comments area. | on factor used? | Yes X No Check the measurement used: | | |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | 38.60 | 🗙 feet 🔲 meters | | |
| b) Top of the next higher floor (see Instructions): | 0.00 | 🗙 feet 🔲 meters | | |
| c) Bottom of the lowest horizontal structural member (see Instructions): | 0.00 | feet meters | | |
| d) Attached garage (top of slab): | 0.00 | 🗌 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): | 0.00 | 🗙 feet 🔲 meters | | |
| f) Lowest Adjacent Grade (LAG) next to building: 🔲 Natural 🔀 Finished | 38.20 | 🛛 feet 🔲 meters | | |
| g) Highest Adjacent Grade (HAG) next to building: 🔲 Natural 🛛 Finished | 38.40 | 🛛 feet 🔲 meters | | |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | 0.00 | 🛛 feet 🗌 meters | | |
| SECTION D – SURVEYOR, ENGINEER, OR ARCHITE | CT CERTIFICA | TION | | |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect aut information. I certify that the information on this Certificate represents my best efforts to i false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section | nterpret the data a | | | |
| Were latitude and longitude in Section A provided by a licensed land surveyor? | No No | | | |
| Check here if attachments and describe in the Comments area. | | | | |
| Certifier's Name: LELAND E. BEDWELL License Number: LS 5884 | | | | |
| Title: REGISTERED SURVEYOR Title: REGISTERED SURVEYOR Title: Title: REGISTERED SURVEYOR | | | | |
| Company Name: LELAND E. BEDWELL SURVEYING, INC. | | | | |
| Address: 3423 55TH DRIVE EAST | | | | |
| City: BRADENTON State: FL ZIP Code: 34203 | | | | |
| Signature: Date: 08/31/2023 | | | | |
| Telephone: (941) 753-9994 Ext.: N/A Email: L.e.b.surveyinginc@gmail.com 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): NO ACCESS TO 2ND LEVEL | | | | |
| 23-141 - EC 2024 _0162 F-4918 VICTORIA AVE-ff-206-fy | | | | |

| IMPORTANT: MUST FO | DLLOW THE | INSTRUCTION | S ON PAGE | S 9-19 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|------------------------------------------------------------------------------|
| Building Street Address (including Apt., Unit, Suite, and/or E 4918 VICTORIA AVE | ldg. No.) or l | P.O. Route and B | ox No.: | FOR INSURANCE COMPANY USE |
| City: SARASOTA, State: | FL | ZIP Code: 3423 | | Policy Number: |
| | | | | Company NAIC Number: |
| SECTION E – BUILDING MEASU FOR ZONE AO, ZON | | | | |
| 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 *A new Elevation Certificate will be required when constru | - | | | on* Finished Construction |
| E1. Provide measurements (C.2.a in applicable Building measurement is above or below the natural HAG and | | r the following an | d check the a | appropriate boxes to show whether the |
| a) Top of bottom floor (including basement, crawlspace, or enclosure) is: | 3 <u></u> | 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 ope | nings provid | led in Section A I | tems 8 and/c | r 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, floodplain management ordinance? | is the top of No | | | ccordance with the community's ust certify this information in Section G. |
| SECTION F - PROPERTY OWNER (OR C | WNER'S | AUTHORIZED | REPRESEN | ITATIVE) CERTIFICATION |
| The property owner or owner's authorized representative | | | | one A (without BFE) or Zone AO must |
| sign here. <i>The statements in Sections A, B, and E are col</i> | | est of my knowle | eage | |
| Property Owner or Owner's Authorized Representative Na | | | | |
| Address: | | | | |
| City: | | | State: | ZIP Code: |
| Cirrentered | | Data | | |
| Signature: | | | | V^*1 |
| Telephone: Ext.: Ema | | | | H. R. |
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ELEVATION CERTIFICATE

| IMPORTANT: MUST FOLLOW THE | INSTRUCTIONS ON PAGE | S 9-19 | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P 4918 VICTORIA AVE | .O. Route and Box No.: | FOR INSURANCE COMPANY USE | | | |
| | IP Code: 34233 | Policy Number: Company NAIC Number: | | | |
| SECTION G – COMMUNITY INFORMATION (RECOMM | ENDED FOR COMMUNIT | Y OFFICIAL COMPLETION) | | | |
| The local official who is authorized by law or ordinance to administer th Section A, B, C, E, G, or H of this Elevation Certificate. Complete the a | ne community's floodplain ma | nagement ordinance can complete | | | |
| 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 E5 is completed for a building located in Zone AO. | Zone A (without a BFE), Zon | ne AO, or Zone AR/AO, or when item | | | |
| G2.b. 🔲 A local official completed Section H for insurance purposes | | | | | |
| G3. In the Comments area of Section G, the local official descri | bes specific corrections to th | e information in Sections A, B, E and H. | | | |
| G4. The following information (Items G5–G11) is provided for c | ommunity floodplain manage | ment purposes. | | | |
| G5. Permit Number: G6. Date Perm | nit Issued: | | | | |
| G7. Date Certificate of Compliance/Occupancy Issued: | -27 | | | | |
| G8. This permit has been issued for: New Construction | ubstantial 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 document | ation and describe in the Cor | nments 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: | | | | | |
| | | | | | |
| Address: | | | | | |
| City: | | | | | |
| | | | | | |
| Signature: Comments (including type of equipment and location, per C2.e; description | Date: | | | | |
| Comments (including type of equipment and location, per C2.e; descrip Sections A, B, D, E, or H): | otion of any attachments; and | I corrections to specific information in | | | |
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ELEVATION CERTIFICATE

| ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------|--|
| Building Street Address (including Apt. 4918 VICTORIA AVE | , Unit, Suite, and/or Bldg. No.) or F | P.O. Route and Box No.: | FOR INSURANCE COMPANY USE | |
| City: SARASOTA, | State:FL 2 | ZIP Code: 34233 | Policy Number: Company NAIC Number: | |
| | BUILDING'S FIRST FLOOR VEY NOT REQUIRED) (FOR | | | |
| 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). <i>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.</i> | | | | |
| H1. Provide the height of the top of t | he floor (as indicated in Foundati | on Type Diagrams) above the | e Lowest Adjacent Grade (LAG): | |
| a) For Building Diagrams 1A, floor (include above-grade floors subgrade crawlspaces or enclos | only for buildings with | feet [| ☐ meters | |
| b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is: | | feet [| ☐ meters | |
| | servicing the building (as listed ir ion Type Diagrams at end of Sect | | ed to or above the floor indicated by the propriate Building Diagram? | |
| SECTION I – PROPER | TY OWNER (OR OWNER'S A | UTHORIZED REPRESEN | ITATIVE) CERTIFICATION | |
| 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: | |
| Signature: | | Date: | | |
| Telephone: | Ext.: Email: | | | |
| Comments: | | | | |

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

| Building Street Address (including Apt., Unit, Su | te, and/or Bldg. No.) or P.O. Route and Box No.: | FOR INSURANCE COMPANY USE |
|---------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 4918 VICTORIA AVE City: SARASOTA, | State: ZIP Code: 34233 | 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 Caption:

SIDE

Photo One





ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

Continuation Page

| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: | | | FOR INSURANCE COMPANY USE | | |
|----------------------------------------------------------------------------------------------------|--------|----|---------------------------|--------|----------------------|
| 4918 VICTORIA AVE | | | | | Policy Number: |
| City: SARASOTA, | State: | FL | ZIP Code: | 34233 | |
| | _ | | 26 | ****** | Company NAIC Number: |
| | | | | 1 | |

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:

SIDE



Clear Photo Three