#### 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 INSUR	ANCE COMPANY USE
A1. Building Owner's Name Policy Number: SHARON LILLARD						per:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  5250 CARMILFRA DRIVE  Company NAIC Number:						AIC Number:
City SARASOTA			State Florida		ZIP Code 34231	
A3. Property Description (Lot a LOT 13 RIVER FOREST SUBL		x Parcel	Number, Leg	al Description, etc	c.)	
A4. Building Use (e.g., Resider	ntial, Non-Residential, A	Addition,	Accessory, e	etc.) RESIDEN	ΓIAL	
A5. Latitude/Longitude: Lat. 2	7.276830	Long. 82	2.529043	Horizontal	Datum: NAD 1	927 🛛 NAD 1983
A6. Attach at least 2 photograp	ohs of the building if the	Certific	ate is being u	sed to obtain flood	I insurance.	
A7. Building Diagram Number	1B					
A8. For a building with a crawls	space or enclosure(s):					
a) Square footage of craw	Ispace or enclosure(s)			0.00 sq ft		
b) Number of permanent fl	ood openings in the cra	wispace	or enclosure	e(s) within 1.0 foot	above adjacent gra	nde 0
c) Total net area of flood o	penings in A8.b		0.00 sq in			
d) Engineered flood openi	ngs? 🗌 Yes 🗵 N	0				
A9. For a building with an attac	hed garage:					
a) Square footage of attac	hed garage		477.00 sq ft			
b) Number of permanent fl	ood openings in the att	ached g	arage within	1.0 foot above adja	acent grade 0	
c) Total net area of flood o	penings in A9.b		pa 00.0	in		
d) Engineered flood opening	ngs? ☐ Yes ☐ N	0				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & SARASOTA COUNTY, FLORID	•		B2. County SARASOTA			B3. State Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12115C0144 F	11-04-2016	11-04-2	vised Date 2016	AE	10	
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						
Businessian Batan	<u></u>		☐ OPA		`	· <u> </u>
200.9		52.10				

## ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite 5250 CARMILFRA DRIVE	,	Policy Number:					
City SARASOTA		P Code 231	Company	y NAIC N	Number		
SECTION C - BUILD	ING ELEVATION INFORMA	ATION (SURVEY R	EQUIRED	)			
	onstruction Drawings*   d when construction of the built th BFE), VE, V1–V30, V (with the building diagram specified to the vertical Datur tions in items a) through h) be of the same as that used for the transfer or enclosure floor.	uilding Under Construding is complete. BFE), AR, AR/A, AR/A in Item A7. In Puert In: NAVD 1988 Iow.	Chection* [ N/A [ N/A [ ]	Finish	AR/AH, AR/AO. meters.  asurement used. meters meters meters meters meters		
d) Attached garage (top of slab)			11.0	X feet	meters meters		
e) Lowest elevation of machinery or equipment (Describe type of equipment and location) f) Lowest adjacent (finished) grade next to g) Highest adjacent (finished) grade next to h) Lowest adjacent grade at lowest elevation.	on in Comments)  b building (LAG)  b building (HAG)		9.0	feet feet feet feet	meters meters meters meters		
structural support	VEVOR ENGINEER OR AL	POULTECT CERTIE					
This certification is to be signed and sealed by a I certify that the information on this Certificate restatement may be punishable by fine or imprisor.  Were latitude and longitude in Section A provide	epresents my best efforts to int nment under 18 U.S. Code, Se	rchitect authorized by erpret the data availa ection 1001.	y law to ce able. I unde	erstand t	ation information. that any false e if attachments.		
Certifier's Name	License Number				-1		
JAMES B. AMBERGER  Title PRESIDENT  Company Name JIM AMBERGER LAND SURVEYING LLC  Address 1055 S. TAMIAMI TRAIL, SUITE 110-B  City SARASOTA	State Florida	ZIP Code 34236		PIS	ace leal ere		
Signature	3 9 20 21	Telephone (941) 955-6333	Ext.	1111	222222441222222		
Copy all pages of this Elevation Certificate and all		*	agent/com	pany, an	d (3) building owner.		
Comments (including type of equipment and local C2a/c2f: THE DIFFERENCE BETWEEN THESE CONSTRUCTION.	ation, per C2(e), if applicable)	100 data 2			ASS 29 859		

## **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corresponding information from Section A.					R INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5250 CARMILFRA DRIVE					cy Number:	
City SARA	ASOTA	State Florida	ZIP Code 34231	Com	npany NAIC Number	
	SECTION E – BUILDING FOR ZO	ELEVATION INFORM ONE AO AND ZONE			(UIRED)	
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.						
t	Provide elevation information for the following a he highest adjacent grade (HAG) and the lowe a) Top of bottom floor (including basement,	and check the appropria est adjacent grade (LAC	ate boxes to show 6).	whether the	elevation is above or below	
	crawlspace, or enclosure) is  ) Top of bottom floor (including basement,	· · · · · · · · · · · · · · · · · · ·		_	above or below the HAG.	
F2 F	crawlspace, or enclosure) is For Building Diagrams 6–9 with permanent floo	ad openings provided in			above or below the LAG.	
t	he next higher floor (elevation C2.b in he diagrams) of the building is				above or below the HAG.	
E3. A	Attached garage (top of slab) is		[   feet [	meters	above or below the HAG.	
	Top of platform of machinery and/or equipment servicing the building is		feet	meters [	above or below the HAG.	
E5. 2	Zone AO only: If no flood depth number is avail loodplain management ordinance?   Yes	lable, is the top of the b	ottom floor elevate . The local officia	ed in accorda al must certify	nce with the community's this information in Section G.	
	SECTION F - PROPERTY C	WNER (OR OWNER'S	REPRESENTAT	IVE) CERTIF	FICATION	
The p	property owner or owner's authorized represent nunity-issued BFE) or Zone AO must sign here	tative who completes S e. The statements in Se	ections A, B, and ctions A, B, and E	E for Zone A are correct to	(without a FEMA-issued or o the best of my knowledge.	
Prope	erty Owner or Owner's Authorized Representat	ive's Name				
Addre	ess	City	7	State	ZIP Code	
Signa	ature	Dat	е	Telepho	one	
Comr	nents		•			
					Check here if attachments.	

# **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St 5250 CARMILFRA DRIVE			Policy Number:			
City	State ZIP Co	ode	Company NAIC Number			
SARASOTA	Florida 3423	1				
SECTIO	ON G - COMMUNITY INFORMATIO	N (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 or Zone AO.	on E for a building located in Zone A	A (without a FEM)	A-issued or community-issued BFE)			
G3. The following information (Items G4-	G10) is provided for community floo	dplain managem	ent purposes.			
G4. Permit Number	G5. Date Permit Issued		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 of the building:	g basement)	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.			

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 5250 CARMILFRA DRIVE	Policy Number:		
City	State Florida	ZIP Code 34231	Company NAIC Number
SARASOTA			

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 Caption FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW

Clear Photo Two

### **BUILDING PHOTOGRAPHS**

### ELEVATION CERTIFICATE

Continuation Page

INTO OPERALE A ST		ion rago	Expiration Date. November 30, 2022
IMPORTANT: In these spaces, copy t	he corresponding informatio	n from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., 5250 CARMILFRA DRIVE	, Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City SARASOTA	State Florida	ZIP Code 34231	Company NAIC Number
If submitting more photographs than with: date taken; "Front View" and photographs must show the foundation	will fit on the preceding page, "Rear View"; and, if required n with representative examples	, affix the additional photogr d, "Right Side View" and of the flood openings or ven	raphs below. Identify all photographs "Left Side View." When applicable, its, as indicated in Section A8.
	Photo 1	Three	
	Photo Th	ree	
Photo Three Caption	ă.		Clear Photo Three
	Photo F	Cour	
	1 11010 1	oui	
	Photo Fou	ir	1,
Photo Four Caption			Clear Photo Four
EMA Form 086-0-33 (12/19)	Replaces all previo	ous editions.	Form Page 6 of 6