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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON 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: SMITH JEFFREY L SMITH ANGELA SMITH MARY C	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 770 SUNCREST LANE	Company NAIC Number:
City: ENGLEWOOD State: FLORIDA	ZIP Code: 34223
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nun LOT 2, BLOCK B, SUNCREST SUBDIVISION, TAX I.D. #0496130002	nber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL	
A5. Latitude/Longitude: Lat. 26.969756° Long82.368001° Horizontal Datum: N	AD 1927 NAD 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: 1B	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): 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 Non-engineered flood openings:N/A Engineered flood openings:N/A 	above adjacent grade:
d) Total net open area of non-engineered flood openings in A8.c:N/A sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ons):N/A sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage:sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage?	Yes No No N/A
 c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjation Non-engineered flood openings:N/A_ Engineered flood openings:N/A_ 	acent grade:
d) Total net open area of non-engineered flood openings in A9.c:sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): N/A sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): sq. ft.	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION
B1.a. NFIP Community Name: SARASOTA COUNTY B1.b. NFIP Community Idea	ntification Number: 125144
B2. County Name: SARASOTA B3. State: FL B4. Map/Panel No.:	12115C/0451 B5. Suffix: G
B6. FIRM Index Date: 03/27/2024 B7. FIRM Panel Effective/Revised Date: 03/27/20	024
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): 9
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: FIS FIRM Community Determined Other:	
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 Prote Designation Date: N/A CBRS OPA	ected Area (OPA)? ☐ Yes ■ No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

ELEVATION CERTIFICATE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	FOR INSURANCE COMPANY USE					
770 SUNCREST LANE	Policy Number:					
City: ENGLEWOOD State: FLORIDA ZIP Code: 34223	Company NAIC Number:					
SECTION C - BUILDING ELEVATION INFORMATION (S	URVEY 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: N.G.S. B.M. #T734, EL. 10.73' Vertical Datum: N.A.V.D. 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 If Yes, describe the source of the conversion factor in the Section D Comments area.	n factor used? Yes No Check the measurement used:					
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	12.6 feet measurement used.					
b) Top of the next higher floor (see Instructions):	N/A					
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A feet meters					
d) Attached garage (top of slab):	12.2 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):	12.8 [feet [] meters					
f) Lowest Adjacent Grade (LAG) next to building: Natural Finished	11.0 feet meters					
g) Highest Adjacent Grade (HAG) next to building: 🔲 Natural 🔳 Finished	11.2 feet meters					
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	N/A ■ feet					
SECTION D – SURVEYOR, ENGINEER, OR ARCHITEC	T 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?	☐ No					
☐ Check here if attachments and describe in the Comments area.						
Title: VICE PRESIDENT						
Company Name: BENNETT-PANFIL, INC.						
Address: 742 SHAMROCK BLVD						
Certifier's Name: B. GREGORY RIETH, PSM, CFM License Number: 5228 Title: VICE PRESIDENT Company Name: BENNETT-PANFIL, INC. Address: 742 SHAMROCK BLVD City: VENICE State: Florida ZIP Code: 34293 Digitally signed by Bernard G Rieth Date: 2024.05.22 13:15:36 -04'00'Date: 05/22/2024						
Telephone: (941) 497-1290 Ext.: Email: INFO@BPISURVEY.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):						
[Section A5] Derived from a hand held G.P.S. unit (GPSTEST App - No Conversion). [Section C2e] Is the bottom of the air conditioning unit located on the west side of the building. Date of Field Survey: 05/20/2024 (File #22-12-12)						

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	City: ENGLEWOOD State: FLORIDA ZIP Code: 34223				Policy Number:		
City:	ENGLEWOOD State:	ZIP Code:	<u> </u>			Company NAIC	Number:
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.							
	Provide measurements (C.2.a in applicable Building Deasurement is above or below the natural HAG and		ing an	id che	eck the a	ppropriate boxes	to show whether the
6	 Top of bottom floor (including basement, crawlspace, or enclosure) is: 		feet		meters	above or	below the HAG.
k	 Top of bottom floor (including basement, crawlspace, or enclosure) is: 		feet		meters	above or	below the LAG.
r	For Building Diagrams 6–9 with permanent flood open lext higher floor (C2.b in applicable	nings provided in Secti	on A I	Items		_	
	Building Diagram) of the building is:		feet		meters	☐ above or	below the HAG.
	Attached garage (top of slab) is:		feet	Ш	meters	above or	below the HAG.
	op of platform of machinery and/or equipment ervicing the building is:		feet		meters	above or	below the HAG.
	Zone AO only: If no flood depth number is available, is oodplain management ordinance?						e community's ormation in Section G.
	SECTION F - PROPERTY OWNER (OR O	WNER'S AUTHORI	ZED	REP	RESEN	TATIVE) CERT	IFICATION
sign l	property owner or owner's authorized representative where. The statements in Sections A, B, and E are corr	rect to the best of my k			d E for Zo	one A (without BF	E) or Zone AO must
_	heck here if attachments and describe in the Comme						
	erty Owner or Owner's Authorized Representative Na	me:					
	ess:			04-	.	710.0-4-	
City:				Sta	ie:	ZIP Code:	
Signa	iture:	Da	te:				
Telep	hone: Ext.: Email	:					
Com	ments:						

ELEVATION CERTIFICATE

IIV	IFORTANT: MOST TOLLOW THE II	NOTINOCTIONS ON FAGE	.5 1-11		
Building Street Address (including Ap 770 SUNCREST LANE	FOR INSURANCE COMPANY USE				
ity: ENGLEWOOD State: FLORIDA ZIP Code: 34223			Policy Number:		
				Company NAIC Number:	
SECTION G - COMMUN	ITY INFORMATION (RECOMME	NDED FOR COMMUNIT	TY OFFICIA	L COMPLETION)	
	by law or ordinance to administer the levation Certificate. Complete the ap			dinance 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.)					
	d Section E for a building located in 2 uilding located in Zone AO.	Zone A (without a BFE), Zo	ne AO, or Zo	ne AR/AO, or when item	
G2.b.	d Section H for insurance purposes.				
G3.	of Section G, the local official describe	es specific corrections to th	ne information	in Sections A, B, E and H.	
G4.	n (Items G5–G11) is provided for cor	mmunity floodplain manage	ement purpos	es.	
G5. Permit Number:	G6. Date Permit	Issued:			
G7. Date Certificate of Complian	ice/Occupancy Issued:				
G8. This permit has been issued	I for: New Construction Sub	ostantial Improvement			
G9.a. Elevation of as-built lowest f building:	floor (including basement) of the		meters	Datum:	
G9.b. Elevation of bottom of as-bu	ilt lowest horizontal structural	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 elevarequirement for the lowest flowest flo	ation (or depth in Zone AO) oor or lowest horizontal structural	☐ feet	☐ meters	Datum:	
G11. Variance issued? Yes	□ No If yes, attach documentat	tion and describe in the Cor	mments area		
The local official who provides inforce correct to the best of my knowledge	mation in Section G must sign here. e. If applicable, I have also provided s	I have completed the inform specific corrections in the C	nation in Sect Comments are	tion G and certify that it is ea of this section.	
Local Official's Name:		Title:			
Telephone:	Ext.: Email:				
Address:					
			ZIP Co	ode:	
Signature:		Date:			
	ment and location, per C2.e; descript				

ELEVATION CERTIFICATE

Building Street Address (include 770 SUNCREST LANE	ding Apt., Unit, Suite,	and/or Bldg. No.) or	P.O. Route and Box	No.:	FOR IN	SURANCE COMPANY US	E
City: ENGLEWOOD				Policy Number:		_	
City	State: 12011197 (ZIP Code: 01220					_	
SECTIO		S'S FIRST FLOOR REQUIRED) (FOF				ZONES	
The property owner, owner's to determine the building's first nearest tenth of a foot (neare <i>Instructions</i>) and the appro	st floor height for ins st tenth of a meter i	surance purposes. S n Puerto Rico). Ref e	Sections A, B, and I in the series of the Founda	must also l tion Type	pe complete Diagrams	ed. Enter heights to the (at the end of Section H	es
H1. Provide the height of the	top of the floor (as	indicated in Founda	tion Type Diagrams) above the	e Lowest A	djacent Grade (LAG):	
 a) For Building Diagram floor (include above-grade subgrade crawlspaces of 	de floors only for bui	ldings with	[_ feet [meters	above the LAG	
b) For Building Diagra higher floor (i.e., the floor enclosure floor) is:			[feet [meters	above the LAG	
H2. Is all Machinery and Equ H2 arrow (shown in the F Yes No							ne
SECTION I - PR	OPERTY OWNER	R (OR OWNER'S	AUTHORIZED RE	PRESEN	ITATIVE)	CERTIFICATION	
The property owner or owner A, B, and H are correct to the indicate in Item G2.b and sign	best of my knowled						าร
indicate in item 62.5 and sign	☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.						
Ţ.		uding required photo	s) and describe eac	h attachme	ent in the C	omments area.	
Ţ.	s are provided (inclu		,			omments area.	
Check here if attachments	s are provided (inclu		,			omments area.	_
Check here if attachments Property Owner or Owner's A	s are provided (inclu					omments area. Code:	
Check here if attachments Property Owner or Owner's A Address: City:	s are provided (inclu						
Check here if attachments Property Owner or Owner's A Address: City: Signature:	s are provided (inclu	ntative Name:					_
Check here if attachments Property Owner or Owner's A Address: City: Signature: Telephone:	s are provided (inclu	ntative Name:					
Check here if attachments Property Owner or Owner's A Address: City: Signature:	s are provided (inclu	ntative Name:					
Check here if attachments Property Owner or Owner's A Address: City: Signature: Telephone:	s are provided (inclu	ntative Name:					
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Check here if attachments Property Owner or Owner's A Address: City: Signature: Telephone:	s are provided (inclu	ntative Name:					
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Check here if attachments Property Owner or Owner's A Address: City: Signature: Telephone:	s are provided (inclu	ntative Name:					
Check here if attachments Property Owner or Owner's A Address: City: Signature: Telephone:	s are provided (inclu	ntative Name:					

ELEVATION CERTIFICATE

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

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite,	FOR INSURANCE COMPANY USE	
770 SUNCREST LANE City: ENGLEWOOD	State: FLORIDA ZIP Code: 34223	Policy 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; PHOTO TAKEN 05/20/2024]

Clear Photo One



Photo Two

Photo Two Caption: [SIDE VIEW; PHOTO TAKEN 05/20/2024]

Clear Photo Two

ELEVATION CERTIFICATE

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

Continuation Page

Building Street Address (including Apt., Unit, Suit	FOR INSURANCE COMPANY USE	
770 SUNCREST LANE		Policy Number:
City: ENGLEWOOD	State: FLORIDA ZIP Code: 34223	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; PHOTO TAKEN 05/20/2024]

Clear Photo Three



Photo Four

Photo Four Caption: [SIDE VIEW; PHOTO TAKEN 05/20/2024]

Clear Photo Four