## 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) insurand (2) buildin

SECTION A - PROPERTY INFORMATION					FOR INSURANCE COMPANY USE			
	A1. Building Owner's Name Frank & Debara Satterfield					Policy Nur	nber:	
<ul> <li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li> <li>403 Blackburn Blvd.</li> </ul>					Company	NAIC Number:		
City North Port		111111111111111111111111111111111111111		State Florida			ZIP Code 34287	
A3. Property Descrip Unit 819/ Harbor Cov	tion (Lot a e Tax Pa	nd Block Numbers, rcel ID# 0790-01-3	Fax Parci 319	el Number, L	egal Desc	ription, etc.)		
A4 Building Use (e.g	, Resider	itial, Non-Residentia	I, Additio	n, Accessory	, etc.)	Residential		
A5, Latitude/Longitud	le: Lat 2	7°02'24"	Long.	32°16'09"		Horizontal D	atum: [_] NAD	1927 × NAD 1983
A6. Attach at least 2		hs of the building if t	he Certifi	cate is being	used to o	btain flood ir	nsurance	
A7. Building Diagram	Number	5						
A8. For a building with	h a crawis	pace or enclosure(s)	ě					
<ul> <li>a) Square footag</li> </ul>	e of crawls	space or enclosure(s	5)		1152 00	sq ft		
b) Number of per-	manent flo	od openings in the o	rawlspac	e or enclosu	re(s) withi	n 1.0 foot ab	ove adjacent gr	ade N/A
c) Total net area				N/A sq				
d) Engineered flo	od openin	gs? Yes 🗵	No					
A9. For a building with	an attach	ed garage:						
a) Square footage		-		N/A sq	ft			
b) Number of peri	nanent flo	od openings in the a	ttached o	arage within	1.0 foot a	hove adjace	nt arade N/A	
c) Total net area				N/A so		bove adjace	in grade IVA	
d) Engineered floo			Mo	14/71 30	-4 III	3		
	or opening	io: Lies Vi	INO					
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FI	RM) INFOR	MATION	
B1. NFIP Community Name & Community Number			B2. County Name			B3. State		
Sarasota County 1251	44			Sarasota				Florida
B4. Map/Panel B5 Number	5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date  B8. Flood Zone(s)		od Bs	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)		
12115C0370 F		05-05-2003	05-05-2		AE	7'		
B10 Indicate the source	ce of the B	ase Flood Elevation	(BFE) da	ata or base fl	ood depth	entered in I	tem B9 <sup>,</sup>	
FIS Profile 🗵		Community Deter						
B11. Indicate elevation	ı datum us	ed for BFE in Item B	9: [] N	GVD 1929	[∑] NAVD	1988	Other/Source:	
B12. Is the building loc	ated in a (	Coastal Barrier Reso	urces Sy	stem (CBRS	) area or (	Otherwise Pr	otected Area (C	PAI? Type RING
Designation Date				[ OPA				[] 189 [V] MO
	71-11-1	- I want		Inner Co. 11				

OMB No. 1660-0008 **ELEVATION CERTIFICATE** Expiration Date: November 30, 2022 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg, No.) or P.O. Route and Box No. Policy Number: City State ZIP Code Company NAIC Number North Port Florida 34287 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, 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: NGS PID # AG1866 Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 X NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE Check the measurement used. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) |X | feet 7.6 ☐ meters b) Top of the next higher floor N/A |X | feet meters c) Bottom of the lowest horizontal structural member (V Zones only) N/A |X | feet □ meters d) Attached garage (top of slab) N/A |X | feet meters e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 6.1 |X | feet meters f) Lowest adjacent (finished) grade next to building (LAG) 5.7 X feet meters g) Highest adjacent (finished) grade next to building (HAG) 5.9 |X | feet meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 6.0 |X | 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. X Check here if attachments. Certifier's Name License Number Joseph E. Trott #5153 Title President Company Name Meridian Group of South Florida, Inc. Address 493 Barger Drive, Unit A City State ZIP Code Port Charlotte Florida 33954 Signature Date Telephone Ext. 05-19-2021 (941) 766-0011 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) Elevation in item C2e refers to an exterior concrete air conditioner pad.

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Building Street Address (including Apt., Unit, Suite, and 403 Blackburn Blvd.			Policy Number:
The same of	State ZIP Florida 342	Code 287	Company NAIC Number
SECTION E – BUILDING ELI FOR ZONE	EVATION INFORMATION AND ZONE A (WI	ON (SURVEY NOT THOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1-complete Sections A, B, and C. For Items E1-E4, use not enter meters.  E1. Provide elevation information for the following and of the highest adjacent grade (HAG) and the lowest at 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 op the next higher floor (elevation C2.b in the diagrams) of the building is.  E3. Attached garage (top of slab) is.  E4. Top of platform of machinery and/or equipment servicing the building is.  E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes SECTION F - PROPERTY OWN.	check the appropriate bodjacent grade (LAG).  Denings provided in Section (LAG) (LAG) (LAG)	Check the measure  xes to show whethe  feet meter  feet meter  feet meter  feet meter  feet meter  feet meter  for feet meter  for feet meter	r the elevation is above or below  s
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Sections e statements in Sections	o A D and E for "	0 ( 11 ) = ======
Property Owner or Owner's Authorized Representative's	Name		
Address	City	Sta	ite ZIP Code
Signature	Date	Tel	ephone
Comments			Check here if attachments
			Check here if attachments

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	opy the corresponding Informatio		FOR INSURANCE COMPANY USE		
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City North Port	State Florida	ZIP Code 34287	Company NAIC Number		
	SECTION G - COMMUNITY II	NFORMATION (OPTIONAL)			
used in Items G8–G10. In Puerto		the applicable item(s) and sigr	n below, Check the measurement		
engineer, or architect will data in the Comments a		vation information. (Indicate th	e source and date of the elevation		
or Zone AU	mpleted Section E for a building loca				
	n (Items G4–G10) is provided for co		ent purposes.		
G4. Permit Number	G5 Date Permit Issu		Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued	for: New Construction	Substantial Improvement			
G8. Elevation of as-built lowest fl of the building:	oor (including basement)	feet	meters Datum		
G9. BFE or (in Zone AO) depth of	f flooding at the building site:	feet	meters Datum		
G10. Community's design flood ele	evation:	feet			
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.

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City	State	ZIP Code	Company NAIC Number	
North Port	Florida	34287	,,	

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 Right View 05/19/2021

Clear Photo One



Photo Two Caption Front Left View 05/19/2021

Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE			
Building Street Address (including A 403 Blackburn Blvd.	Policy Number:			
City North Port	State Florida	ZIP Code 34287	Company NAIC Number	

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 Threa

Photo Three Caption Right Rear Side View 05/19/2021

Clear Photo Three

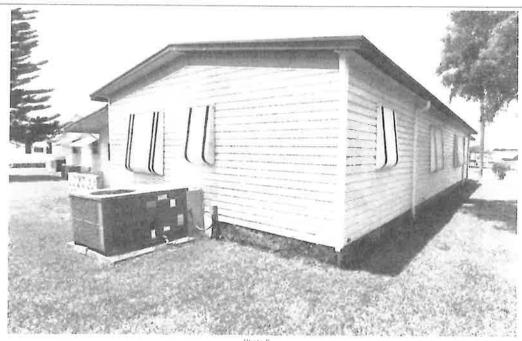


Photo Four Caption Left Rear Side View 05/19/2021

Clear Photo Four