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 CERTIFICATEIMPORTANT: 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: George R. & Carol A. Clinger	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: # 745 Watersedge Street	Company NAIC Number:				
City: Englewood State: FL	ZIP Code: <u>34223</u>				
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Unit 88, Tangerine Woods, Phase Two,	nber:				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential					
A5. Latitude/Longitude: Lat. 26°58'50.7" N. Long. 82°21'18.2" W. Horizontal Datum: NAD 1927 NAD 1983 WGS 84					
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	g (see Form pages 7 and 8).				
A7. Building Diagram Number:5					
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: Engineered flood openings:					
d) Total net open area of non-engineered flood openings in A8.c: sq. in.					
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): sq. ft.					
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 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 ⊠ N/A				
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent Non-engineered flood openings: Engineered flood openings:	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): 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) INFORMATION					
B1.a. NFIP Community Name: Sarasota B1.b. NFIP Community Ide	ntification Number: 125144				
B2. County Name: Sarasota B3. State: FL B4. Map/Panel No.: 2	12115 C 451 B5. Suffix: F				
B6. FIRM Index Date: 11/04/2016 B7. FIRM Panel Effective/Revised Date: 11/04/20	16				
B8. Flood Zone(s): X500 B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): N/A				
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:	ected Area (OPA)?				
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No				

Building Street Address (including Apt., Unit, Suite,	and/or Bldg. No.)	or P.O. Route and Box	No.:	FOR	INSURA	NCE COMPANY USE
# 745 Watersedge Street City: Englewood State: FL ZIP Code: 34223				Policy Number:		
City. Englewood	State. TE	ZIP Code. <u>34223</u> _		Comp	any NAIC	Number:
SECTION C - BUILD	ING ELEVATIO	N INFORMATION (SURVEY	REQU	IRED)	
C1. Building elevations are based on: Cons *A new Elevation Certificate will be required.				ion* 🗵	Finishe	ed Construction
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 K-734 (PID DM8509) Vertical Datum: NAVD 1988						
Indicate elevation datum used for the elevations i ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other		h h) below.				
Datum used for building elevations must be the salf Yes, describe the source of the conversion factors.			on factor us	sed?	☐ Yes	s ⊠ No the measurement used:
a) Top of bottom floor (including basement,	crawlspace, or er	closure floor):	1	13.60	⊠ fee	
b) Top of the next higher floor (see Instruction	ns):				⊠ fee	t meters
c) Bottom of the lowest horizontal structural	member (see Ins	tructions):			⊠ fee	t meters
d) Attached garage (top of slab):					⊠ fee	t meters
e) Lowest elevation of Machinery and Equip (describe type of M&E and location in Sec			1	12.20	⊠ fee	t meters
f) Lowest Adjacent Grade (LAG) next to buil	ding: Natura	al 🔀 Finished	1	11.60	⊠ fee	t meters
g) Highest Adjacent Grade (HAG) next to bu	ilding: 🔲 Natura	al 🔀 Finished	1	12.00	⊠ fee	t meters
h) Finished LAG at lowest elevation of attacl support:	ned deck or stairs	s, including structural			⊠ fee	t meters
SECTION D - SUR	EYOR, ENGIN	EER, OR ARCHITE	CT CERTI	IFICAT	ΓΙΟΝ	
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 la	nd surveyor? 🔀 Yes	☐ No			
Check here if attachments and describe in the	Comments area.					
Certifier's Name: Timothy A. Terhune	Lice	nse Number: LS 6060			MIIIIII	ALLEN TO
Title: Professional Surveyor & Mapper				_	TIMOTHY	CENS
Company Name: TCTS Inc						
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Address: 1990 Allen Street				_		* 3dd
	State:				ST SC: ST	ATE OF ATE
Address: 1990 Allen Street	State:	FL ZIP Code: 34	4223		ST SON	ATE OF ATE OF ORIDA. ATE OF ORIDA. ATE OF ORIDA. ATE OF ORIGINA ATE OF ORIGINAL ATE ORIGINAL AT
Address: 1990 Allen Street City: Englewood Signature: Timothy Terhune Digital Date:	State:	FL ZIP Code: 34 7 Terhune 7 -04'00' Date: 10/08	4223		ESSONAL STAINING	ORIDA.
Address: 1990 Allen Street City: Englewood Signature: Timothy Terhune Digital Date:	State:	FL ZIP Code: 34 y Terhune 7 -04'00' Date: 10/08	4223 5/2023		STONAL S	ORIOA OR
Address: 1990 Allen Street City: Englewood Signature: Telephone: (941) 474-4300 Ext.:	State: ly signed by Timoth; 2023.10.05 14:39:3; Email: ttachments for (1)	FL ZIP Code: 34 y Terhune 7 -04'00' Date: 10/05 community official, (2)	4223 5/2023 insurance a	gent/co	Pla	ORIDA: of STATES OF SURVEYOR OF SURVEY
Address: 1990 Allen Street City: Englewood Signature: Timothy Terhune Digital Date: Telephone: (941) 474-4300 Ext.: Copy all pages of this Elevation Certificate and all a	State: ly signed by Timoth; 2023.10.05 14:39:3; Email: ttachments for (1); in C2; type of eq	FL ZIP Code: 34 y Terhune y -04'00' Date: 10/05 community official, (2) uipment and location p	4223 5/2023 insurance a per C2.e; an	gent/co	Planmpany, a	ORIDA: of STATES OF SURVEYOR OF SURVEY

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE				
# 745 Watersedge Street	Policy Number:				
City: Englewood State: FL ZIP Code: 34223	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.					
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the a measurement is above or below the natural HAG and the LAG.	appropriate boxes to show whether the				
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	above or below the HAG.				
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	above or below the LAG.				
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/o next higher floor (C2.b in applicable Building Diagram) of the building is:					
E3. Attached garage (top of slab) is: feet meters	☐ above or ☐ below the HAG. ☐ above or ☐ below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is:	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 a					
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN	ITATIVE) CERTIFICATION				
The property owner or owner's authorized representative who completes Sections A, B, and E for Z sign here. The statements in Sections A, B, and E are correct to the best of my knowledge	one A (without BFE) or Zone AO must				
Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name:					
Address:					
	ZIP Code:				
Signature: Date:					
Telephone: Ext.: Email:					
Comments:					

Building Street Address (including Apt., Unit, Suite, and/	or Bldg. No.)	or P.O. Route and B	Box No.:	FOR INS	URANCE COMPANY USE	
# 745 Watersedge Street				Policy Number:		
City: Englewood St	ate: FL	ZIP Code: <u>3422</u>	23	Company NAIC Number:		
SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)						
The local official who is authorized by law or ordinanc Section A, B, C, E, G, or H of this Elevation Certificate					rdinance 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 b E5 is completed for a building located in Z		ed in Zone A (witho	ut a BFE), Z	one AO, or Zo	one AR/AO, or when item	
G2.b. A local official completed Section H for ins	urance purp	oses.				
G3.	ocal official de	escribes specific co	rrections to t	the informatio	n in Sections A, B, E and H.	
G4.	is provided (for community flood	plain manag	gement purpos	ses.	
G5. Permit Number:	_ G6. Date F	Permit Issued:				
G7. Date Certificate of Compliance/Occupancy Iss	ued:					
G8. This permit has been issued for: New Co	nstruction [☐ Substantial Impro	ovement			
G9.a. Elevation of as-built lowest floor (including bas building:	sement) of th	e 		meters	Datum:	
G9.b. Elevation of bottom of as-built lowest horizonta member:	al structural			meters	Datum:	
G10.a. BFE (or depth in Zone AO) of flooding at the b	uilding site:		feet	meters	Datum:	
G10.b. Community's minimum elevation (or depth in 2 requirement for the lowest floor or lowest horiz member:		ıral	☐ feet	☐ meters	Datum:	
G11. Variance issued? Yes No If yes,	attach docur	nentation and descr	 ibe in the Co	omments area		
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:						
Address:						
City:						
Signature:						
Comments (including type of equipment and location, Sections A, B, D, E, or H):	per C2.e; de	escription of any atta	achments; a	nd corrections	to specific information in	

Building Street Address (including Ap # 745 Watersedge Street	ot., Unit, Suite, and/o	or B i dg. No.) c	or P.O. Route and Bo	ox No.:	FOR IN	SURANCE COMPANY USE
City: Englewood	Sta	te· FI	ZIP Code: 3422	3	Policy No	
oity. <u>Lingiowood</u>			_ 211 0000. 0122		Compan	y NAIC Number:
			R HEIGHT INFOR R INSURANCE F			ZONES
The property owner, owner's author to determine the building's first floor nearest tenth of a foot (nearest tent <i>Instructions</i>) and the appropriate	height for insuranc h of a meter in Pue	ce purposes rto Rico). <i>Re</i>	Sections A, B, and ference the Found	l must also b lation Type	oe complete <i>Diagrams</i>	ed. Enter heights to the (at the end of Section H
H1. Provide the height of the top of	the floor (as indica	ted in Found	ation Type Diagram	ns) above the	e Lowest A	djacent Grade (LAG):
 a) For Building Diagrams 1A floor (include above-grade floor subgrade crawlspaces or enclor 	rs only for buildings			feet [meters	above the LAG
b) For Building Diagrams 2A higher floor (i.e., the floor above enclosure floor) is:				feet [meters	above the LAG
H2. Is all Machinery and Equipmer H2 arrow (shown in the Founda						
SECTION I – PROPER	RTY OWNER (OR	OWNER'S	AUTHORIZED F	REPRESEN	ITATIVE)	CERTIFICATION
The property owner or owner's auth A, B, and H are correct to the best of indicate in Item G2.b and sign Secti	of my knowledge. N					
Check here if attachments are p	rovided (including r	equired phot	os) and describe ea	ach attachme	ent in the C	omments area.
Check here if attachments are p			os) and describe ea	ach attachme	ent in the C	omments area.
_			os) and describe ea	ach attachme	ent in the C	omments area.
Property Owner or Owner's Authoriz	zed Representative	Name:		ach attachme		omments area. Code:
Property Owner or Owner's Authorize Address: City:	zed Representative	Name:				
Property Owner or Owner's Authorize Address: City: Signature:	zed Representative	Name:				
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representative	Name:				
Property Owner or Owner's Authorize Address: City: Signature:	zed Representative	Name:				
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representative	Name:				
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representative	Name:				
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Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representative	Name:				
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Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representative	Name:				
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representative	Name:				
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representative	Name:				
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representative	Name:				

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

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE	
# 745 Watersedge Street	Deliev Number			
City: Englewood	State:	FL	ZIP Code: 34223	Policy Number:
<u> </u>				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 Clear Photo One



Photo Two

Photo Two Caption: Westerly View Clear Photo Two

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

Continuation Page

	3 1 1 1 1 1 1 3 1				
Building Street Address (including Apt., Unit, Suite, and/or E	FOR INSURANCE COMPANY USE				
# 745 Watersedge Street	Policy Number:				
City: Englewood State:	FL 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					

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: Easterly View Clear Photo Three



Photo Four

Photo Four Caption: Rear View Clear Photo Four