Federal Emergency Management Agency	LLL VALION CERTIFICATE	OMB No. 1660-0008
	nportant: Read the instructions on pages 1-9.	Expires March 31, 2012
	SECTION A - PROPERTY INFORMATION	901771
A1 Building Owner's Name Red Hawk Reserv		For Insurance Company Use: Policy Number
AZ Building Street Address (including Apt., Unit, Suite	e, and/or Bldg. No.) or P.O. Route and Box No.	
City City	Owi Hace	Company NAIC Number
A3 Property Description (Lot and Block Numbers To	State Florida	ZIP Code 31741
A3. Properly Description (Let and Block Numbers, Ta	x Parcel Number, Legal Description, etc.)	31211
A4. Building Use (e.g., Residential, Non-Residential, A5.	Addition Accessory etc.) Resident	
As Latitude/Longitude: Lat. 216 /6 / 12.65	1000 37071102171	atum: NAD 1927 NAD 1983
	Certificate is being used to obtain flood insurance.	MAD 1903
A8. For a building with a crawlspace or enclosure(s)	A9. For a building with an attac	hed narane
a) Square footage of crawlspace or enclosure(s)b) No of permanent flood openings in the crawls	a) Square footage of attac	thed garage
enclosure(s) within 1.0 foot above adjacent or	ade WIR within 1.0 foot above ac	openings in the attached garage
c) Total net area of flood openings in A8.b d) Engineered flood openings? Yes N	c) Total net area of flood of	ppenings in A9.b Sq in
	d) Engineered flood openi	
B1 NFIP Community Name & Community Number	FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
Darasota County 125	B2. County Name	B3 State
1 1	RM Index B7. FIRM Panel B8. Flood	B9 Base Flood Elevation(s) (Zone
125144-0170 D 9-3	Effective/Revised Date Zone(s)	AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (B	FE) data or base flood depth entered in Item B9	no base determine
LITIS FIGHE EXCERN Community	y Determined Other (Describe)	
B11. Indicate elevation datum used for BFE in Item B9:B12. Is the building located in a Coastal Barrier Resource	Ces System (CBRS) area or Otherwise Protected Area (OPA)?	
Designation Date	CBRS OPA	Yes No
SECTION C - BUI	LDING ELEVATION INFORMATION (SURVEY REQUIRE	
C1 Building elevations are based on Construction	on Decuring at	
*A new Elevation Certificate will be required when or	and suction of the total and	Finished Construction
below according to the building diagram specified in	VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH. Item A7. Use the same datum as the BEE.	AR/AO. Complete Items C2 a-h
Benchmark Utilized Hat beaching	XX # 2850 Vertical Datum N.C. 10 1	
Conversion/Comments See Texes	<u> </u>	
a) Top of bottom floor (including basement, crawls	Check the measurement	
b) Top of the next higher floor	7/10	rs (Puerto Rico only)
c) Bottom of the lowest horizontal structural memb	Not // 70000 100	rs (Puerto Rico only) rs (Puerto Rico only)
d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment set (Describe to a set)	35 10 17	's (Puerto Rico only)
(Describe type of equipment and location in Cor	mments) feet meter	s (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building	(LAG) 34 9 May 17	s (Puerto Rico only)
 g) Highest adjacent (finished) grade next to buildin h) Lowest adjacent grade at lowest elevation of de 	g (riAG) feet	s (Puerto Rico only)
Structural support	· · · · · · · · · · · · · · · · · · ·	s (Puerto Rico only)
SECTION D - SUF	RVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
information. I certify that the information on this Cortifice	rveyor, engineer, or architect authorized by law to certify elevation	
	by line or imprisonment under 18 U.S. Code, Section 1001	100
Check here if comments are provided on back of form	by a	がたらちは
Certifier's Name		L65538
Title Company	Licence Number	
	License Number	16.1
- LIEDIGENT	E = 30	1/21/10
Address City	Name State State State T ZIP Code ZIP Code	1/21/10
Address City City	Name State State State T ZIP Code ZIP Code	1/21/10
Address City City	James 5538 University Inc. State Florida 2120	Neplaces all previous editions

LLLVATION CERTIFICATE

IMPORTANT: In these spaces, copy the correspon	ding information from Section A		For Insurance Company Use:		
Building Street Address (including Apt., Unit, Suite, and/or Blo	g. No.) or P.O. Route and Box No.		Policy Number		
city Sorassta Fla	State	ZIP Code ンパンイ】	Company NAIC Number		
SECTION D - SURVEYOR, EI	IGINEER, OR ARCHITECT CER	TIFICATION (CON	TINUED)		
Copy both sides of this Elevation Certificate for (1) community					
Comments Thous hereon	1	at Benchm	<i>i</i>) \ \ \ \ \		
elevation 33.30A, NOVD19	29.2). Lowest ele	20 noitors	(7-22-20-20)		
3) No access into residence no apparent flow through capabilities. Signature MLL S ## 1/21/18 Date +1) Natural grade 32+ Nous providence to an access to the part of the part					
SECTION E - BUILDING ELEVATION INFORMAT	ION (SURVEY NOT REQUIRED)	FOR ZONE AO AI	Check here if attachments ND ZONE A (WITHOUT REF)		
For Zones AO and A (without BFE), complete Items E1-E5. I and C. For Items E1-E4, use natural grade, if available. Che	f the Certificate is intended to support	a LOMA or LOMB E			
E1. Provide elevation information for the following and chec grade (HAG) and the lowest adjacent grade (LAG).	k the appropriate boxes to show wheth	Rico only, enter meter er the elevation is ab	's. ove or below the highest adjacent		
a) Top of bottom floor (including basement, crawlspace, b) Top of bottom floor (including basement, crawlspace)	or enclosure) is NIO Tree	t	NO OF Theless No LAG		
For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is					
E4. Top of platform of machinery and/or equipment servicin	g the building is 3 to 12 fee	t Meters Dah	ove or Delow the HAG.		
ordinance? Yes No Unknown. The local	the top of the bottom floor elevated in official must certify this information in	accordance with the o	ommunity's floodplain management		
SECTION F - PROPERTY OV	NER (OR OWNER'S REPRESEN	ITATIVE) CERTIFI	CATION		
The property owner or owner's authorized representative who or Zone AO must sign here. The statements in Sections A, B,	and E are correct to the best of my kn	one A (without a FEM. owledge.	A-issued or community-issued BFE)		
Property Owner's or Owner's Authorized Representative's Na	me				
Address	City	State	ZIP Code		
Signature	Date	Telephone			
Comments	 		3		
2					
SECTION G -	COMMUNITY INFORMATION (O	PTIONAL \	Check here if attachments		
The local official who is authorized by law or ordinance to admir	ister the community's floodolain mana	gement ordinance on	n complete Sections A, B, C (or E).		
and G of this Elevation Certificate. Complete the applicable iter G1. The information in Section C was taken from other do is authorized by law to codify alloyation information.	n(s) and sign below. Check the measi	rement used in Items	G8 and G9.		
is dedicated by law to certify elevation information. (indicate the source and date of the ele	vation data in the Cor	nments area below.)		
G2. A community official completed Section E for a buildir	ig located in Zone A without a FEMA-i	ssued or community-	ssued BFE) or Zone AO		
Canada and the state of the sta					
G5. Date Permit Issu	ed G6. Date	Certificate Of Compli	ance/Occupancy Issued		
G7. This permit has been issued for: New Construction	Substantial Improvement	-			
G8. Elevation of as-built lowest floor (including basement) of the	e building	eet 🔲 meters (PR) Datum		
G9. BFE or (in Zone AO) depth of flooding at the building site G10. Community's design flood elevation		eet meters (PR			
		eet meters (PR) Datum		
Local Official's Name	Title				
Community Name	Telephone				
Signature	Date				
Comments					
		······································			
		····	Check here if attachments		

Building Photographs See Instructions for Item A6.

ĺ	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	For Insurance Company Use:
ı		Policy Number
	City (
	State ZIP Code	Company NAIC Number
l	- July ota Florida 34241	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the



