#### 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 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: Samuel P Fryback & Marcia R Fryback	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 51 Lakeview Drive	Company NAIC Number:
City: North Port State: FL	ZIP Code: 34287
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Unit 51 Harbor Isles Section 1 CB 14 PGs 2, 2-A - 2-D Sarasota County Parce	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.):	
A5. Latitude/Longitude: Lat. 27-02-29.76 Long82-16-12.29 Horizontal Datum: N	IAD 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):	
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	Yes No 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	
d) Total net open area of non-engineered flood openings in A8.c:	
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: N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage?	? ☐ Yes ☐ No ■ N/A
<ul> <li>c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjated Non-engineered flood openings:N/A</li> </ul>	
d) Total net open area of non-engineered flood openings in A9.c: N/A 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) INFO	RMATION
B1.a. NFIP Community Name: Sarasota County B1.b. NFIP Community Ide	ntification Number: 125144
B2. County Name: Sarasota B3. State: FL B4. Map/Panel No.:	12115C0370 B5. Suffix: F
B6. FIRM Index Date: 11/04/2016 B7. FIRM Panel Effective/Revised Date: 11/0	4/2016
B8. Flood Zone(s):AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use I	Base Flood Depth):7
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 Prot  Designation Date:N/A CBRSOPA	ected Area (OPA)? Yes 🔳 No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR	INSURANCE COMPANY USE		
City: North Port State:FL ZIP Code: 34287		Policy Number: Company NAIC Number:		
SECTION C – BUILDING ELEVATION INFORMATION (SURV	EY REQU	IRED)		
C1. Building elevations are based on:  Construction Drawings*  Building Under Construction of the building is complete.	truction*	Finished Construction		
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AF A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7 Benchmark Utilized: NGS BM #DJ3119 ( V 634 2005 ) Vertical Datum: NAVD88	In Puerto I	Rico only, enter meters.		
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 factor of Yes, describe the source of the conversion factor in the Section D Comments area.	or used?	Yes No Check the measurement used:		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	9.5	feet meters		
b) Top of the next higher floor (see Instructions):	N/A	feet meters		
c) Bottom of the lowest horizontal structural member (see Instructions):	8.1	feet meters		
d) Attached garage (top of slab):	n/a	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):	10.3	feet meters		
f) Lowest Adjacent Grade (LAG) next to building:   Natural Finished	5.7	feet meters		
g) Highest Adjacent Grade (HAG) next to building: Natural Finished 6.3		feet meters		
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	6.2	feet meters		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CE	RTIFICA	TION		
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?	0	ين الم		
Check here if attachments and describe in the Comments area.		White the		
Certifier's Name: David B Shremshock License Number: PSM 5637		minimum, -		
Title: President		WHITOCK TOOO		
Company Name: Shremshock Surveying, Inc.		100		
Address: 5265 Alametos Terrace		100		
City: North Port State: FL ZIP Code: 3428	8	1/25		
Signature: Date: 07/21/2023	3	Place Seal Here		
Telephone: (941) 423-8875 Ext.: Email: shremshocksurveying@comcas	t.net	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.				
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):  Line A5) Coordinates obtained via Google Earth   Line A7) this is a prefabricated manufactured home Line C2a) Refers to the floor of the living space. The bottom of the metal structure frame elevation is 8.1' (typically provided in Line C2c) when in a "V" zone) Line C2e) Refers to the Raised A/C pad outside the residence additional photos available upon request   Field Book 460 Page 69				

# BY CONTROL OF BUILDING TANK BELLEVILLE

(EHOTOHATE), EH	

Ten MASAGO SON BURLANO	and or high, was a first result and how the	Sustance Street and place controlled the U.S. Sustance
ineuniari yalir		61 Lakeview Dave
	Of the second of the second	Cony North Port L
(05,800)	ec years; lichemptohm morragelic com	
ារសហាទិកប្រើ nedecult ggj	enskipo Dogwe g vr. ([]] i tradang kinder Goaletourion Gest objekt on me traiding is obtop ets.	
এই জীবাৰ প্ৰতিবাহিনিক চাৰ্যাল ভা <del>ৰ</del>	tade 55-13, vil, VI—VIC v. cam 2003, 39, 1100, AN 13 carno Bullding Fragiens apacitied in the W. do Pua 13 carno Bullding Fragiens apacities (PAN)	for gods now, areas that state to people 2004
		and file of the state of the s
7 (The Mark on Mo Charle on monument of used)	came tu prel assis Étit <mark>im DFD Consers on tento</mark> s acad come me dicados di Comunante <mark>area</mark> .	ร อาโารม โดย ของ ปลาก (เกาะโลก เกาะโลก เกาะโล
rappers [] tool 👸 💆	ି ଫ୍ଲୋଟି ଆଧାର, ମଧ୍ୟର ଓ ପ୍ରମୟ ଓ	हें, Top of buttern floce (noth they became है
September 19 August 1991 Augus		ammiani essi icoli redgiri we cedi lo qoli (d
ा अभू अस्त 🔙 १७४१ हिल्ले 🚨	E t(an. low-leaf vay) mente n	ittellinen i fisin isnontisentisierit familistotti (p
makan [] me. [] 🔊	ft	a) Arteched garage ("op of stellt):
ayan 🔝 🙈 🚊	Si series game de Califo	guisi chine geordosiMilo no recelo servicidi (e osi te nelinceli ivis Higadic dagi ndecelo
ිනමාදය [ <u>[]</u> 1860 ණ වේ	g belging Fig. (and 27) [ ] ginds	g og skall Adjørent Grodorft ACyracy, og
tropia 🗒 ka 🐰 💆	Supram (a 💹 thrasala (i) ) (albit	id in tightest Adjacent Charle (1940) mast to be
evatemi [] k i 👸 🚡	distance of probability pagency are designed.	onits to a visivalo teornal te OAL ponemia (d. 1996) Pronque
SAT SATE	no est controle et parte es a err	200 g 000 000
te taur is cleath ebispainn te auseach ee ste eaga <b>d that say</b>		i formador. 1 cardiji thai die tribucarlac chi (his diese streentant prej he jandshi bir hij frejski hijo
	•	Ware leffede eror longliede le Gecelor Alebautel
		Fig. Check there is a factor and a control of the c
Again Aguilli	Table 1966 For the Table Dettical	Conferration Could State the State of the St
	e de la composição de la Porto	Tile: Francis Shearsheer Europhical
100 M	Marketin of the Control of the Contr	Address. 628 Charactes Tesado
	035 h	The marks of the state of the s
THE STATE OF THE PARTY OF THE P	ES/95/10/A/6 (2-1-1-)	
Pisce Geal Here	Ernail, shremshocksurveying@joomcastinet	and the state of t
ndoompar y and (3) hadding owner.	ettochments for (1) community official, (2) insurance ago	
	in C2: type of equipment and boothor per U2 and o	
en re the tides of the event space. The other poursible the manual Arth pour outsible the	VP) this is a peakabilished unanity attent home clare (22g) Reflectly provided in the c Cool when in c (27g) and those (22g) Reflectly to the cool of the cool	Une Ab) Coordinates ablance (we seems learn - Line botton of the metal exceptes many claricities in 8.1 (thu

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19** 

Building Street Address (including Apt., Un	it, Suite, and/or Bldg. No.)	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
51 Lakeview Drive		717 0 1 24297	Policy Number:
City: North Port	State: FL	ZIP Code: 34287	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 Bi intended to support a Letter of Map Char enter meters.	FE), complete Items E1-E nge request, complete Sec	5. For Items E1–E4, use natural ctions A, B, and C. Check the me	I grade, if available. If the Certificate is easurement used. In Puerto Rico only,
Building measurements are based on: *A new Elevation Certificate will be require			ion*
E1. Provide measurements (C.2.a in apprendiction measurement is above or below the			appropriate boxes to show whether the
<ul> <li>a) Top of bottom floor (including bas crawlspace, or enclosure) is:</li> </ul>	sement,	feet _ meters	above or below the HAG.
b) Top of bottom floor (including bas crawlspace, or enclosure) is:	sement, 	feet meters	above or below the LAG.
E2. For Building Diagrams 6–9 with perm next higher floor (C2.b in applicable	nanent flood openings pro		
Building Diagram) of the building is:			
E3. Attached garage (top of slab) is:			above or below the HAG.
E4. Top of platform of machinery and/or servicing the building is:	equipment	feet meters	above or below the HAG.
E5. Zone AO only: If no flood depth num floodplain management ordinance?			accordance with the community's sust certify this information in Section G.
SECTION F - PROPERTY	OWNER (OR OWNER	S AUTHORIZED REPRESEI	NTATIVE) CERTIFICATION
The property owner or owner's authorized sign here. The statements in Sections A,			Zone A (without BFE) or Zone AO must
Check here if attachments and descri	•	•	
Property Owner or Owner's Authorized R	epresentative Name:		
Address:			
City:		State:	ZIP Code:
Signature:		Date:	
	xt.: Email:		<del></del>
Comments:		1.000	

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

IIIII OTTI TITO TI TOLLOTTI III		Processor and the second secon		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P 51 Lakeview Drive	.O. Route and Box No.:	FOR INSURANCE COMPANY USE		
City: North Port State:FL Z	ZIP Code: 34287	Policy Number: Company NAIC Number:		
OFFICE OF A COMMUNITY INFORMATION (DECOMM	ENDED FOR COMMUNIT			
SECTION G - COMMUNITY INFORMATION (RECOMM	ENDED FOR COMMONIT	TOFFICIAL COMPLETION)		
The local official who is authorized by law or ordinance to administer the Section A, B, C, E, G, or H of this Elevation Certificate. Complete the a				
G1.   The information in Section C was taken from other docume engineer, or architect who is authorized by state law to cert elevation data in the Comments area below.)				
G2.a. A local official completed Section E for a building located in E5 is completed for a building located in Zone AO.	a Zone A (without a BFE), Zon	ne AO, or Zone AR/AO, or when item		
G2.b.   A local official completed Section H for insurance purposes	i.			
G3. In the Comments area of Section G, the local official descri	bes specific corrections to the	e information in Sections A, B, E and H.		
G4.  The following information (Items G5–G11) is provided for c				
G5. Permit Number: 23-116957 B G6. Date Perm	nit Issued: 4/20/2	.023		
G7. Date Certificate of Compliance/Occupancy Issued:				
G8. This permit has been issued for: New Construction   S	ubstantial Improvement			
G9.a. Elevation of as-built lowest floor (including basement) of the building:		meters Datum:		
G9.b. Elevation of bottom of as-built lowest horizontal structural member:		meters Datum:		
G10.a. BFE (or depth in Zone AO) of flooding at the building site:		meters Datum:		
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:	☐ feet	meters Datum:		
G11. Variance issued?  Yes No If yes, attach document	ation and describe in the Cor	mments 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: Ember Dunn  NFIP Community Name:	Title:			
NFIP Community Name:	A STATE OF THE STA			
Telephone: Ext.: Email:				
Address:				
City:	State:	ZIP Code:		
Signature: 6 Date: 8/9/2023				
Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):				

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19** 

Building Street Address (inclu 51 Lakeview Drive	ding Apt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.:	FOR IN	SURANCE COMPANY USE	
City: North Port	State: FL	7ID Code: 34287	Policy N	Policy Number:	
City: 140rum ort	State:	ZIP Code: 41237	— Compan	y NAIC Number:	
SECTI	ON H – BUILDING'S FIRST FLOOR (SURVEY NOT REQUIRED) (FOI			ZONES	
to determine the building's fi nearest tenth of a foot (near	s authorized representative, or local flood rst floor height for insurance purposes. Se est tenth of a meter in Puerto Rico). <i>Refe</i> opriate Building Diagrams (at the end	sections A, B, and I must a erence the Foundation T	lso be complet /pe Diagrams	ed. Enter heights to the (at the end of Section H	
H1. Provide the height of th	e top of the floor (as indicated in Founda	tion Type Diagrams) abov	e the Lowest A	djacent Grade (LAG):	
	arms 1A, 1B, 3, and 5-9. Top of bottom de floors only for buildings with or enclosure floors) is:	[ feet	meters	above the LAG	
	ams 2A, 2B, 4, and 6-9. Top of next or above basement, crawlspace, or		meters	above the LAG	
	uipment servicing the building (as listed Foundation Type Diagrams at end of Se				
SECTION I - PI	ROPERTY OWNER (OR OWNER'S	AUTHORIZED REPRE	SENTATIVE)	CERTIFICATION	
A, B, and H are correct to the ndicate in Item G2.b and sign		al floodplain management	official comple	ed Section H, they should	
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachment Property Owner or Owner's	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachment Property Owner or Owner's Address:	e best of my knowledge. Note: If the local generation G.  ts are provided (including required photo	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and sign of Check here if attachment or Owner's Address:	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signature:  Check here if attachment or Owner's Address:  City:  Signature:	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signal of the G2.b and G2.b	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signal of the correct to the indicate in Item G2.b and signature:  Telephone:	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signal of the correct to the indicate in Item G2.b and signature:  Telephone:	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signal of the correct to the indicate in Item G2.b and signature:  Telephone:	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signal of the correct to the indicate in Item G2.b and signature:  Telephone:	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signal of the G2.b and G2.b	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signal of the Check here if attachment Property Owner or Owner's Address:  City:  Signature:  Telephone:	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signal of the Check here if attachment Property Owner or Owner's Address:  City:  Signature:  Telephone:	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signal of the G2.b and G2.b	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and significate in Item G2.b and significant in Item G2.b and	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	
A, B, and H are correct to the indicate in Item G2.b and signal of the correct to the indicate in Item G2.b and signature:  Address:  City:  Signature:  Telephone:	e best of my knowledge. Note: If the local graph section G.  Its are provided (including required photo Authorized Representative Name:	al floodplain management s) and describe each attac	official complete	ed Section H, they should comments area.	

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

	See Instru	uctions for Item A6.		
Building Street Address (including Apt.,	Unit, Suite, and/or Bldg. No.	) or P.O. Route and Box No.:	FOR INSURA	NCE COMPANY USE
51 Lakeview Drive  City: North Port	State: FL	ZIP Code: 34287	Policy Number Company NAIC	
Instructions: Insert below at least two able to take front and back pictures of "Right Side View," or "Left Side View." close-up photograph of representative	townhouses/rowhouses). I Photographs must show the	dentify all photographs with he foundation. When flood o	the date taken and "Fro penings are present, inc	nt View," "Rear View,"
		07/20/ Photo One	20?-	
Photo One Caption:		ront View		Clear Photo One
		H		
		07/20/	<i>(</i> 2022	

Photo Two

Right Side View

FEMA Form FF-206-FY-22-152 (formerly 086-0-33) (10/22)

Photo Two Caption:

Page 7 of 19

Clear Photo Two

# IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

## **BUILDING PHOTOGRAPHS**

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:		FOR INSURANCE COMPANY USE	
51 Lakeview Drive  City: North Port State: FL ZIP Code: 34287			Policy Number:
			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:

Left Side View

Clear Photo Three



Photo Four

Photo Four Caption:

Rear View

Clear Photo Four