## **ELEVATION CERTIFICATE**

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding informa Building Street Address (including Apt., Unit, Suite, and/or Bldg. No 2740 Lemon Avenue	FOR INSURANCE COMPANY USE Policy Number:	
City State Englewood Florida	ZIP Code 34223	Company NAIC Number
SECTION G - COMMUNIT	Y INFORMATION (OPTIONAL	)
The local official who is authorized by law or ordinance to administed Sections A, B, C (or E), and G of this Elevation Certificate. Comple used in Items G8–G10. In Puerto Rico only, enter meters.		
G1. The information in Section C was taken from other documengineer, or architect who is authorized by law to certify data in the Comments area below.)		
G2. A community official completed Section E for a building to or Zone AO.	ocated in Zone A (without a FEI	MA-issued or community-issued BFE)
G3. The following information (Items G4–G10) is provided for	community floodplain manage	ment purposes.
G4. Permit Number G5. Date Permit Is	Ssued G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	☐ Substantial Improvement	6,0
G8 Elevation of as-built lowest floor (including basement) of the building:	f	eet  meters Datum
G9. BFE or (in Zone AO) depth of flooding at the building site:	T 17112 40	D
	I	eet 🔲 meters Datum
G10. Community's design flood elevation:	fe	eet 🗌 meters Datum
Local Official's Name	Title	- 0
Community Name	Telephone	
Signature	Date	,
Comments (including type of equipment and location, per C2(e), if a	pplicable)	☐ Check here if attachments.

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.					NCE COMPANY USE		
City State Englewood Florida	2	ZIP Code 34223		Company NAI	C Number		
SECTION E – BUILDING ELEVATION FOR ZONE AO AN				REQUIRED)			
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.  E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below							
the highest adjacent grade (HAG) and the lowest adjacent g a) Top of bottom floor (including basement, crawlspace, or enclosure) is	rade (LAG). N/A	☐ feet	☐ meters		below the HAG.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	N/A	☐ feet	meters	above or [	below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood openings p	rovided in Se	ction A Ite	ms 8 and/or 9	9 (see pages 1-	2 of Instructions).		
the next higher floor (elevation C2.b in the diagrams) of the building is	N/A	☐ feet	☐ meters	N 104677 T	below the HAG.		
E3. Attached garage (top of slab) is	<u>N/A</u>	☐ feet	☐ meters	above or [	7 10 No. 10 No. 10 17 17		
E4. Top of platform of machinery and/or equipment servicing the building is	<u>N/A</u>	☐ feet	meters	-	below the HAG.		
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?   Yes  No  Unknown. The local official must certify this information in Section G.							
SECTION F - PROPERTY OWNER (OR	OWNER'S R	EPRESEN	ITATIVE) CE	RTIFICATION			
The property owner or owner's authorized representative who co community-issued BFE) or Zone AO must sign here. The statem	mpletes Sect ents in Section	ions A, B, ons A, B, a	and E for Zo	ne A (without a	FEMA-issued or of my knowledge.		
Property Owner or Owner's Authorized Representative's Name					THE RESERVE TO THE RE		
Address	City		State	9	ZIP Code		
Signature	Date Te		Tele	elephone			
Comments							
JOB# 18-1208				⊠ Che	ck here if attachments.		

### 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) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFOR	FOR INSURANCE COMPANY U	JSE				
A1. Building Owner's Name Mark Ruzicka	A1. Building Owner's Name Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/o Box No. 2740 Lemon Avenue						
City	State	ZIP Code				
Englewood	Florida	34223				
A3. Property Description (Lot and Block Numbers, Tax Parce Lot 9, Block 5, Manasota Gardens 1 <sup>ST</sup> Addition, Sar		)				
A4. Building Use (e.g., Residential, Non-Residential, Addition	Accessory, etc.) Residenti	<u>al</u>				
A5. Latitude/Longitude: Lat. 27°01'11.4" N. Long. 08	32°24'43.3" W. Horizontal I	Datum: 🔲 NAD 1927 🔀 NAD 1983	j			
A6. Attach at least 2 photographs of the building if the Certifica	ate is being used to obtain flood in	nsurance.				
A7. Building Diagram Number <u>1B</u>						
A8. For a building with a crawlspace or enclosure(s):			e			
a) Square footage of crawlspace or enclosure(s) <u>N/A</u>	sq ft					
b) Number of permanent flood openings in the crawlspace	e or enclosure(s) within 1.0 foot a	pove adjacent grade N/A				
c) Total net area of flood openings in A8.b <u>N/A</u>	sq in					
d) Engineered flood openings?   Yes   No						
A9. For a building with an attached garage:						
a) Square footage of attached garage 829 sq ft		·				
b) Number of permanent flood openings in the attached ga	arage within 1.0 foot above adjac	ent grade <u>N/A</u>				
c) Total net area of flood openings in A9.b $N/A$ sq in						
d) Engineered flood openings?   Yes   No						
SECTION B - FLOOD INSURA	NCE RATE MAP (FIRM) INFO	RMATION				
B1. NFIP Community Name & Community Number	B2. County Name	B3. State				
Sarasota County 125144	Sarasota	Florida				
	RM Panel B8. Flood ective/ Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)				
12115C-0343 F 11/04/2016 Re	vised Date AE	10 Feet	•			
11/0	04/2016					
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source:						
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 Protected Area (OPA)? 🗌 Yes 🔯 No						
Designation Date:						

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSU	RANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Nun	nber:			
2740 Lemon Avenue					1410 1		
City State Englewood Florida	ZIP Code 34223				Company (	NAIC Number	
SECTION C – BUILDING ELI	EVATION INF	ORMATI	ON (SURV	EY RE	QUIRED)		
C1. Building elevations are based on: Construction	n Drawings*	☐ Buildi	ing Under C	Construc	tion* 🗵	Finished Construction	
*A new Elevation Certificate will be required when con-		_	•				
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), \ Complete Items C2.a–h below according to the build Benchmark Utilized <u>F.D.E.P. SAR 23</u>	ing diagram sp	ecified in	E), AR, AR// Item A7. In A.V.D. 88	A, AR/AI Puerto I	E, AR/A1–/ Rico only, e	A30, AR/AH, AR/AO. enter meters.	
Indicate elevation datum used for the elevations in ito ☐NGVD 1929 ☑ NAVD 1988 ☐ Other/		h) below					
Datum used for building elevations must be the same	as that used f	or the BFI	E.				
<ul><li>a) Top of bottom floor (including basement, crawlspa</li><li>b) Top of the next higher floor</li><li>c) Bottom of the lowest horizontal structural member</li></ul>		·		11.6 N/A N/A	⊠ fe □ fe	ne measurement used. eet	
d) Attached garage (top of slab)				<u>11.2</u>	⊠ fe	eet 🗌 meters	
<ul> <li>e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comr</li> </ul>		ng		<u>11.3</u>	⊠ fe	eet 🗌 meters	
f) Lowest adjacent (finished) grade next to building	(LAG)			<u>10.7</u>	⊠ fe	eet 🗌 meters	
g) Highest adjacent (finished) grade next to building	(HAG)			<u>11.1</u>	⊠ fe	eet 🗌 meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 10.5						eet 🔲 meters	
SECTION D - SURVEYOR,	ENGINEER,	OR ARCH	HITECT CE	ERTIFIC	ATION		
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.							
Were latitude and longitude in Section A provided by a lic	ensed land su	veyor?	⊠ Yes	☐ No	☐ Ch	eck here if attachments.	
Certifier's Name Alan K. Fish, PSM	License Num	ber LS 39	41				
Title Professional Surveyor & Mapper						Diaco	
Company Name Van Buskirk / Fish & Associates, Inc.			1	Place Seal			
Address			1	Here			
12450 Tamiami Trail						0 8 <b>G</b> 8 <b>G</b>	
City North Port	State Florida		ZIP Code 34287				
Signature Manual Transfer of the Control of the Con	Date 9/25/20		Telephone (941) 42	6-0681	Ext.		
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 C2 e) is the A/C pad, the water heater elevation is at 11.5 Feet. Information provided in this Elevation Certificate is based on the building conditions at time of survey. Any building revisions affecting the items reported in this Certificate will require an updated Elevation Certificate. Certificate is valid only for the Entities named in Item A1.							
Job# 18-1208							

#### **BUILDING PHOTOGRAPHS**

OMB No. 1660-0008

See Instructions for Item A6. Expiration Date: November 30, 2022

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 2740 Lemon Avenue	Apt., Unit, Suite, and/or Bldg. No.) o	or P.O. Route and Box No.	Policy Number:
City Englewood	State Florida	ZIP Code 34223	Company NAIC Number

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 1 Caption

**ELEVATION CERTIFICATE** 

Front View

Date Taken 9/24/20



Photo 2 Caption

Rear View

JOB# 18-1208

Date Taken 9/24/20

## **BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 2740 Lemon Avenue	Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City Englewood	State Florida	ZIP Code 34223	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 3 Caption Left View Date Taken 9/24/20



Photo 4 Caption Right View JOB# 18-1208 Date Taken 9/24/20

**ELEVATION CERTIFICATE**