U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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 a	
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: William & Karen Michaud	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 106 Island Point Road	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 166, Lazy River Village, Sarasota County, Florida PID# 0789041166	ber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. 27°02'27.3" N. Long. 082°16'55.3" W. Horizontal Datum:	IAD 1927 🛛 NAD 1983 🗌 WGS 84
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	(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): 0.00 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 a Non-engineered flood openings: 0 Engineered flood openings: 	above adjacent grade:
d) Total net open area of non-engineered flood openings in A8.c:0.00 sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instructio	ons):0.00 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
 c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adja Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u> 	cent grade: -
d) Total net open area of non-engineered flood openings in A9.c:N/Asq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): <u> </u>
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions):N/Asq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFOR	MATION
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.: 2	12115C-0370 B5. Suffix: F
B6. FIRM Index Date: <u>11/04/2016</u> B7. FIRM Panel Effective/Revised Date: <u>11/04/20</u>	16
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	Base Flood Depth): 7 Feet
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: OKVD 1929 NAVD 1988 Other	/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation Date: CBRS OPA	ected Area (OPA)?
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

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City: North Port State: FL ZIP Code: 34287		Number: any NAIC N	lumber:		
SECTION C – BUILDING ELEVATION INFORMATION (SU	RVEY REQUI	RED)			
C1. Building elevations are based on: Construction Drawings* Building Under Construction Certificate will be required when construction of the building is completed when construction of the building is completed.	K	Finished	Construction		
 C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item Benchmark Utilized: N.G.S. J-796 Vertical Datum: N.A.V.I 	A7. In Puerto R				
Indicate elevation datum used for the elevations in items a) through h) below.					
Datum used for building elevations must be the same as that used for the BFE. Conversion fa If Yes, describe the source of the conversion factor in the Section D Comments area.	actor used?	Yes	No No		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	8.7	Check the	e measurement used:		
b) Top of the next higher floor (see Instructions):	N/A	feet	meters		
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	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): 	7.5	🛛 feet	meters		
f) Lowest Adjacent Grade (LAG) next to building: 🗌 Natural 🔀 Finished	4.7	🛛 feet	meters		
g) Highest Adjacent Grade (HAG) next to building: 🗌 Natural 🛛 Finished	5.4	🛛 feet	meters		
 h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 	4.7	🛛 feet	meters		
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT	CERTIFICAT	ION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authori information. I certify that the information on this Certificate represents my best efforts to interp false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 100	pret the data av				
Were latitude and longitude in Section A provided by a licensed land surveyor? $\begin{tabular}{lllllllllllllllllllllllllllllllllll$	No				
Check here if attachments and describe in the Comments area.					
Certifier's Name: Robert J Breedlove License Number: LS 7040					
Title: Professional Surveyor and Mapper					
Company Name: VanBuskirk & Fish Surveying and Mapping Inc.					
Address: 12450 Tamiami Trail					
City: North Port State: FL ZIP Code: 34287					
Signature: Date: 10/18/20	023				
Bate: Dot 10/10/2020 Telephone: (941) 426-0681 Ext.: Email: Landsurveyor@vbfainc.com 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.					
Comments (including source of conversion factor in C2; type of equipment and location per C In Item A5.) the coordinates were gathered on site using a hand-held GPS. The Ele the panel on the electrical meter post, located on the left side of the residence.					

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19					
Building Street Address (including Apt., Unit, Suit 106 Island Point Road	e, and/or Bldg. No.) o	r P.O. Route and Box No.:	F	OR INSURANCE COMPANY USE	
City: North Port	State: FL	ZIP Code: 34287		olicy Number: ompany NAIC Number:	
				· ·	
SECTION E – BUILDING FOR ZONE), AND ZONE A (WITH			
For Zones AO, AR/AO, and A (without BFE), c intended to support a Letter of Map Change recenter meters.					
Building measurements are based on: Co *A new Elevation Certificate will be required wh	-	Building Under Con e building is complete.	nstruction*	Finished Construction	
E1. Provide measurements (C.2.a in applicable measurement is above or below the natura		for the following and chec	ck the appro	opriate boxes to show whether the	
 a) Top of bottom floor (including basemen crawlspace, or enclosure) is: 	t,	feet 🔲 r	meters [above or below the HAG.	
 b) Top of bottom floor (including basemen crawlspace, or enclosure) is: 	t,	feet 🔲 r	meters [above or below the LAG.	
E2. For Building Diagrams 6–9 with permanen next higher floor (C2.b in applicable Building Diagram) of the building is:	t flood openings prov				
E3. Attached garage (top of slab) is:			meters [meters [above or ☐ below the HAG. ☐ above or ☐ below the HAG.	
 E4. Top of platform of machinery and/or equipi servicing the building is: 	ment		meters [above or below the HAG.	
E5. Zone AO only: If no flood depth number is		L L L L L L L L L L L L L L L L L	ed in accord		
SECTION F – PROPERTY OWN	ER (OR OWNER'S	AUTHORIZED REPR	ESENTAT	TIVE) CERTIFICATION	
The property owner or owner's authorized repression here. The statements in Sections A, B, and			E for Zone	A (without BFE) or Zone AO must	
Check here if attachments and describe in t		ý (
Property Owner or Owner's Authorized Repres	entative Name:				
Address:					
City:		State	e:	_ ZIP Code:	
Signature:		Date:			
Comments:					

ELEVATION CERTIFICATE

ELEVATION CERTIFICATE				
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.:	OR INSURANCE COMPANY USE		
106 Island Point Road		olicy Number:		
City: North Port State: FL	ZIP Code: 34287 C	ompany NAIC Number:		
SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)				
The local official who is authorized by law or ordinance to administer Section A, B, C, E, G, or H of this Elevation Certificate. Complete the				
G1. The information in Section C was taken from other documengineer, or architect who is authorized by state law to cerelevation data in the Comments area below.)				
G2.a. A local official completed Section E for a building located E5 is completed for a building located in Zone AO.	in Zone A (without a BFE), Zone A	O, or Zone AR/AO, or when item		
G2.b. A local official completed Section H for insurance purpose	es.			
G3. In the Comments area of Section G, the local official des	ribes specific corrections to the info	ormation in Sections A, B, E and H.		
G4.	community floodplain managemen	nt purposes.		
G5. Permit Number: G6. Date Pe	rmit Issued:	_		
G7. Date Certificate of Compliance/Occupancy Issued:				
G8. This permit has been issued for: New Construction	Substantial Improvement			
G9.a. Elevation of as-built lowest floor (including basement) of the building:	feet	meters Datum:		
G9.b. Elevation of bottom of as-built lowest horizontal structural member:	feet	meters Datum:		
G10.a. BFE (or depth in Zone AO) of flooding at the building site:	feet	meters Datum:		
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structura member:		meters Datum:		
G11. Variance issued? Yes No If yes, attach docume	ntation and describe in the Comme			
The local official who provides information in Section G must sign he correct to the best of my knowledge. If applicable, I have also provide	e. I have completed the information	n in Section G and certify that it is		
Local Official's Name:	Title:			
NFIP Community Name:				
Address:				
City:		ZIP Code:		
Signature:	Date:			
Comments (including type of equipment and location, per C2.e; desc Sections A, B, D, E, or H):	ription of any attachments; and corr	rections to specific information in		

I	MPORTANT: N	IUST FOLLOW TH	E INSTRUCTIO	NS ON PA	GES 9-19	
Building Street Address (including A 106 Island Point Road	pt., Unit, Suite, a	and/or Bldg. No.) or F	P.O. Route and B	ox No.:	FOR IN	SURANCE COMPANY USE
City: North Port		State: FL	ZIP Code: 3428	87	Policy N Company	umber: y NAIC Number:
						-
		S FIRST FLOOR EQUIRED) (FOR				ONES
The property owner, owner's autho to determine the building's first floo nearest tenth of a foot (nearest tent <i>Instructions) and the appropriate</i>	r height for insu th of a meter in	irance purposes. Se Puerto Rico). Refe	ections A, B, and rence the Found	l I must also <i>dation Typ</i>	be complete e Diagrams (d. Enter heights to the at the end of Section H
H1. Provide the height of the top o	f the floor (as ir	ndicated in Foundati	ion Type Diagrar	ms) above t	he Lowest Ad	ljacent Grade (LAG):
a) For Building Diagrams 1A floor (include above-grade floo subgrade crawlspaces or encl	ors only for build	lings with		_ [] feet	meters	above the LAG
 b) For Building Diagrams 2A higher floor (i.e., the floor abov enclosure floor) is: 				_ [] feet	meters	above the LAG
H2. Is all Machinery and Equipme H2 arrow (shown in the Found Yes No						
SECTION I – PROPEI		(OR OWNER'S A		REPRESE	NTATIVE) (
The property owner or owner's auth A, B, and H are correct to the best						
indicate in Item G2.b and sign Sect	provided (includ	ing required photos	·			
Check here if attachments are p Property Owner or Owner's Author	provided (includ	ing required photos	·			
Check here if attachments are p Property Owner or Owner's Author Address:	provided (includ	ing required photos ative Name:) and describe e		nent in the Co	
Check here if attachments are p Property Owner or Owner's Author Address:	provided (includ	ing required photos ative Name:) and describe e	each attachr	nent in the Co	omments area.
Check here if attachments are p Property Owner or Owner's Author Address: City:	provided (includ	ing required photos ative Name:) and describe e	ach attachr	nent in the Co	omments area.
Check here if attachments are p Property Owner or Owner's Author Address: City: Signature:	provided (includ	ing required photos ative Name:) and describe e	ach attachr	nent in the Co	omments area.
Check here if attachments are p Property Owner or Owner's Author Address: City: Signature: Telephone:	provided (includ	ing required photos ative Name:) and describe e	ach attachr	nent in the Co	omments area.
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Check here if attachments are p Property Owner or Owner's Author Address: City: Signature: Telephone:	provided (includ	ing required photos ative Name:) and describe e	ach attachr	nent in the Co	omments area.
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Check here if attachments are p Property Owner or Owner's Author Address: City: Signature: Telephone:	provided (includ	ing required photos ative Name:) and describe e	ach attachr	nent in the Co	omments area.

FI EVATION CERTIFICATE

ELEVATION CERTIFICATE 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
106 Island Point Road				Delieu Numberi
City: North Port	State:	FL	ZIP Code: 34287	Policy Number:
			_ 211 00000. <u>54207</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



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

	BUILDING PHOTOGRAPHS Continuation Page	
Building Street Address (includi 106 Island Point Road	ng 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:
Insert the third and fourth phot View," or "Left Side View." Wh vents, as indicated in Sections	tographs below. Identify all photographs with the date taken and "From the flood openings are present, include at least one close-up photog A8 and A9.	ont View," "Rear View," "Right Side raph of representative flood openings or
Photo Three Caption: Left Vie	Photo Three	Clear Photo Three

Photo Four Caption: Right View

Photo Four

Clear Photo Four