

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

12 14359100 B1

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

| | | | |
|---|---|----------|---|
| A1. Building Owner's Name | D R HORTON HOMES | | Policy Number: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | 29696 ONTARIO COURT | | Company NAIC Number: |
| City | State | ZIP Code | |
| ENGLEWOOD | FL | 34223 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) | LOT 135, STILLWATER UNIT THREE | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) | RESIDENTIAL-DUPLEX | | |
| A5. Latitude/Longitude: Lat. <u>26°57'00.10"</u> Long. <u>-82°19'46.10"</u> | Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 | | |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | | |
| A7. Building Diagram Number | 1A | | |
| A8. For a building with a crawlspace or enclosure(s): | A9. For a building with an attached garage: | | |
| a) Square footage of crawlspace or enclosure(s) | 0 | sq ft | a) Square footage of attached garage |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade | 0 | | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade |
| c) Total net area of flood openings in A8.b | 0 | sq in | c) Total net area of flood openings in A9.b |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|------------|---------------------|---------------------------------------|-------------------|---|
| B1. NFIP Community Name & Community Number | | | B2. County Name | | B3. State |
| SARASOTA COUNTY UNINCORPORATED 125144 | | | SARASOTA | | FLORIDA |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | B7. FIRM Panel Effective/Revised Date | B8. Flood Zone(s) | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) |
| 125144 0454 | D | 09/30/1992 | 05/01/1984 | A12 | 12' |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ / <u>n/a</u> / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: BM 856-P ELEV=7.47' Vertical Datum: NGVD1929

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
 Datum used for building elevations must be the same as that used for the BFE.

| | | |
|--|-------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>12.5</u> | Check the measurement used. |
| b) Top of the next higher floor | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>12.1</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>12.2</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>12.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>12.4</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.

Check here if comments are provided on back of form. Check here if attachments.
 Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

| | | | |
|--------------------------------|--|------------------------------------|----------------|
| Certifier's Name | | License Number | |
| JAMES W. BOLEMAN | | 6485 | |
| Title | | Company Name | |
| PROFESSIONAL SURVEYOR & MAPPER | | AMERICAN SURVEYING & MAPPING, INC. | |
| Address | | City | State |
| 3191 MAGUIRE BLVD, SUITE 200 | | ORLANDO | FL |
| Signature | | Date | Telephone |
| <i>James W. Boleman</i> | | 04/16/13 | (407) 426-7979 |
| | | ZIP Code | |
| | | 32803 | |

James W. Boleman
 PLS
 04-16-13

BUILDING PHOTOGRAPHS

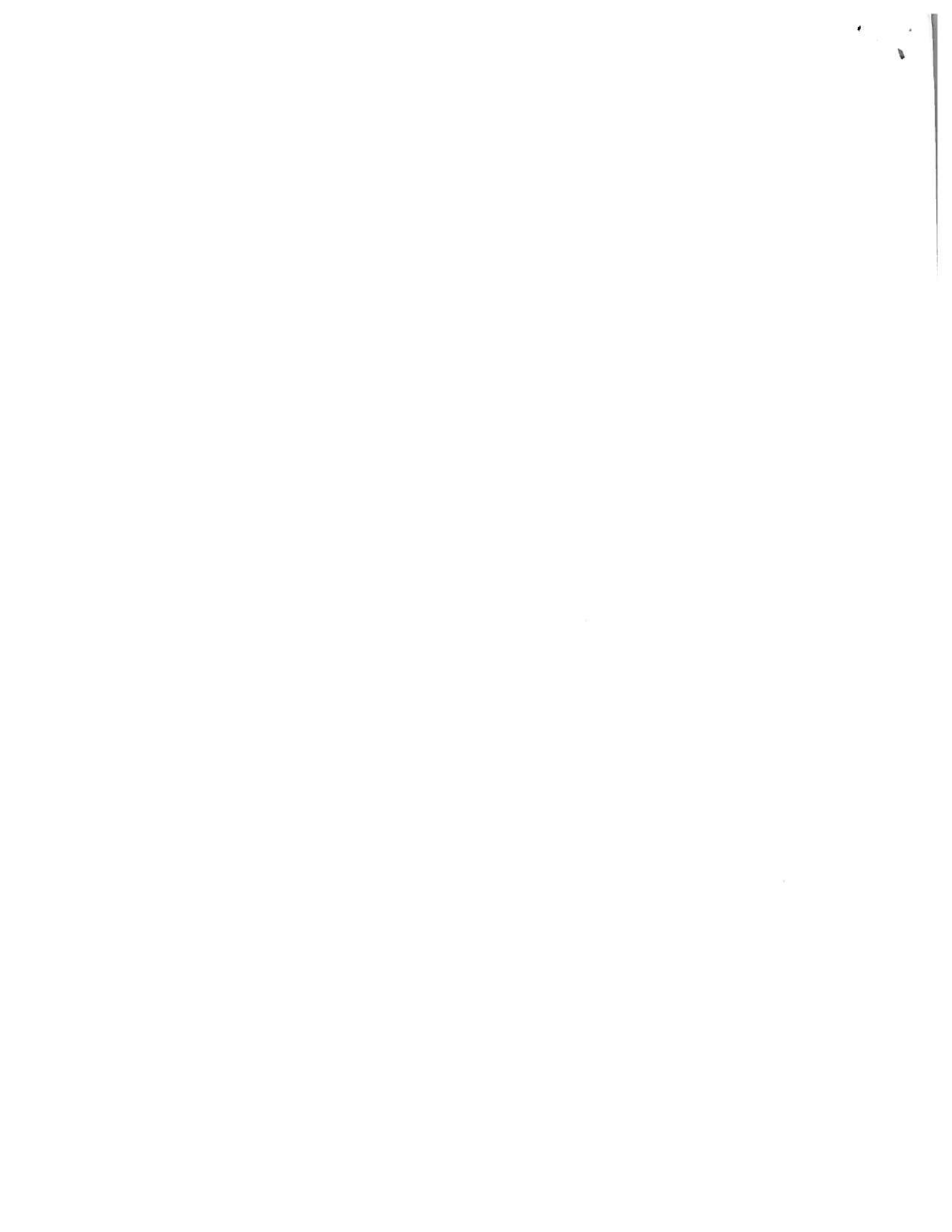
See Instructions for Item A6.

| | | | | |
|---|--------------------|--------------------------|----------------------------------|--|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE | |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 29696 ONTARIO COURT | | | Policy Number: | |
| City ENGLEWOOD | State FL | 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.

Front Picture 4/15/2013





| | | | | |
|---|--------------------|--------------------------|----------------------------------|--|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE | |
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| City ENGLEWOOD | State FL | 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.

Rear Picture 4/15/2013



