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

OMB No. 1660-0008 Expiration Date: November 30, 2018

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 INFORMATION					FOR INSURANCE COMPANY USE		
A1. Building Owner's Name MATTHEW CONELLY				Policy Nur			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 931 PINTO CIRCLE				d Company	NAIC Number:		
City State ZIP Code NOKOMIS Florida 34275							
A3. Property Description (I WEST 260 FEET OF LOT:	Lot and Block Numbers, 1 23, MISSION VALLEY ES	Tax Parce	el Number, Lo SECTION A,	egal Description, TAX ID #038203	etc.) 0007		
A4. Building Use (e.g., Res	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: L	at. 27.14512°	Long	82.44284°	Horizon	tal Datum: NAD	1927 X NAD 1983	
A6. Attach at least 2 photo	graphs of the building if th	ne Certific	cate is being	used to obtain flo	od insurance.		
A7. Building Diagram Num	ber <u>1B</u>						
A8. For a building with a cr	awispace or enclosure(s)	:					
 a) Square footage of c 	rawispace or enclosure(s	s)		0 sq ft			
b) Number of permane	nt flood openings in the c	rawispac	e or enclosu	 re(s) within 1.0 fo	ot above adjacent gr	ade 0	
c) Total net area of floo			0 sqi		33		
d) Engineered flood op	enings? Yes 🗵	No	*				
A9. For a building with an attached garage:							
a) Square footage of attached garage 1339 sq ft							
b) Number of permaner	nt flood openings in the a	ttached o	arage within	1.0 foot above ar	tiscent arade. O		
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 A9.b O so in							
d) Engineered flood openings? Yes No							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name			B2. County		ORIGINA	B3. State	
SARASOTA COUNTY - 125	144		SARASOTA			Florida	
B4. Map/Panel Number B5. Suf	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date		B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	e Flood Elevation(s) ne AO, use Base Flood Depth)	
12115C-0289 F	11-04-2016	11-04-2		AE	10'		
B10. Indicate the source of	the Base Flood Elevation	(BFE) da	ata or base fl	ood depth entere	d in Item 89:		
FIS Profile X FIRM Community Determined Other/Source:							
B11. Indicate elevation datu	m used for BFE in Item B	9: 🔲 NO	GVD 1929	X NAVD 1988	Other/Source:		
B12. Is the building located	in a Coastal Barrier Reso	urces Sy	stem (CBRS) area or Otherwis	se Protected Area (C	PA)? Yes V No	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date: CBRS OPA							

FEMA Form 086-0-33 (7/15)

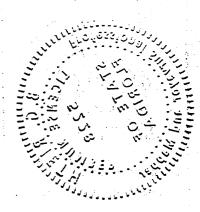
Replaces all previous editions.

Form Page 1 of 6

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and 931 PINTO CIRCLE	Policy Number:			
NOVONIO	tate Iorida	ZIP Code 34275	Company NAIC Number	
SECTION C – BUILDING E	LEVATION INFOR	MATION (SURVEY R	REQUIRED)	
	tion Drawings* construction of the b), VE, V1–V30, V (wi uilding diagram speci Vertical Da items a) through h) r/Source: me as that used for the space, or enclosure to per (V Zones only) ervicing the building mments)	Building Under Constructurilding is complete. Ith BFE), AR, AR/A, AR/A, fied in Item A7. In Puert turn: NGVD 1929 below. Ithe BFE. Itheropy In Puert turn: NGVD 1929 Itheropy In Puert tur	ruction* X Finished Construction	
g) Highest adjacent (finished) grade next to building	• ,	·	11.8 × feet meters	
Lowest adjacent grade at lowest elevation of de structural support			N/A ⊠ feet ☐ meters	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
This certification is to be signed and sealed by a land so I certify that the information on this Certificate represens tatement may be punishable by fine or imprisonment to Were latitude and longitude in Section A provided by a	ts my best eπorts to i inder 18 U.S. Code,	nterpret the data availai Section 1001.	y law to certify elevation information. able. I understand that any false Check here if attachments.	
Certifier's Name B. GREGORY RIETH	License Number 5228			
Title PSM/CFM Company Name STRAYER SURVEYING AND MAPPING, INC. Address 742 SHAMROCK BLVD	3220		Place Seal & Here	
City VENICE	State Florida	ZIP Code 34293	- Ray no	
Signature	Date 03-22-2018	Telephone (941) 497-1290	Ext.	
Copy all pages of this Elevation Certificate and all attachm	ents for (1) communit	y official, (2) insurance a	agent/company, and (3) building owne	
Comments (including type of equipment and location, per C2(e), if applicable) FILE #10-04-57. THE OUTSIDE A/C UNIT ON THE NORTH SIDE OF THE HOME WAS USED FOR SECTION C2e. SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST APP - NO CONVERSION). ELEVATIONS SHOWN IN SECTION "C" WERE CONVERTED FROM N.G.V.D. 1929 DATUM TO N.A.V.D. 1988 DATUM USING VERTCON CONVERSION PROGRAM. CERTIFICATE VALID ONLY WITH RAISED SEAL & SIGNATURE.				
FMA Form 086 0 22 (7/45)				



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OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Check here if attachments.						
		·				
		•				
				Comments		
еиоуд	ələT	Date		Signature		
e ZIP Code	tst2	City		ssenbbA		
			SILIBM & SAUMINSCONOS I DOSTIO			
set to the best of my knowledge.	. p, and ⊏ are come	A SHOUDDE HI SH		Property Owner or Owner's Auth		
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.						
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION						
ertify this information in Section G.						
ordance with the community's	noor elevated in acc	of the bottom	epth number is available, is the top inance? 🔲 Yes 🔲 on 🔝 U	E5. Zone AO only: If no flood di mo tnemenanam nislabooff		
:01 #1 01# MO10# [] -10 #1 FI	znetem 🔲 teet 🔲			selvicing the duiding is		
OVILLARII MORGO III IO OLOGO III			ry and/or equipment	E4. Top of platform of machine		
	znetem 🔲 teet 🔲		si (d	E3. Attached garage (top of sla		
sbove or Delow the HAG.			10 0:70 000	the diagrams) of the buildin		
(see pages 1-2 of Instructions),	tolbns 8 ametl A nu	ovided in Sectio	with permanent flood openings pri	E2. For Building Diagrams 6-9 the next higher floor (eleva		
	snetern 🔲 teet 🔲			crawlspace, or enclosu		
s Spove or Delow the HAG.	snetem 🔲 teet 📋		uding basement,	b) Top of bottom floor (inc		
			luding basement,	a) Top of bottom floor (inc crawlapace, or enclosu		
woled to evods ai notievele eft	es to show whether	appropriate bos ade (LAG).	on for the following and check the (HAG) and the lowest adjacent gra	onnië vicentan seelië		
				SIGNOUL IGNIC		
LOMA or LOMR-F request, sign only	tended to support a Check the measurer	Certificate is in le. if available. (he), complete items E1–E5. If the For items E1–E4, use natural grad	complete Sections A, B, and C.		
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–E5. If the Certificate is intended to support a LOMA or LOMR-F request,						
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)						
ISCHIUM OWN YORK		345	Florida	NOKOWIE		
Company MAIC Number	Code	diZ	etist2	City		
Ройсу Митрег:	ute and Box No.	10.) or P.O. Rou	ing Apt., Unit, Suite, and/or Bldg. I	931 PINTO CIRCLE		
FOR INSURANCE COMPANY USE			copy the corresponding inform			

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSU	RANCE COMPANY USE		
931 PINTO CIRCLE	g Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Nun		
City NOKOMIS	State Florida	ZIP Code 34275		Company I	NAIC Number	
SECTION	ON G - COMMUNITY I	NFORMATION (OPTIO	ONAL)			
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er		the community's floodp the applicable item(s) a	plain mana and sign I	agement or below. Che	dinance can complete ck the measurement	
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other documer ed by law to certify ele	ntation that has been si vation information. (Ind	igned and licate the	d sealed by source and	a licensed surveyor, date of the elevation	
G2. A community official completed Sect or Zone AO.	ion E for a building loca	ated in Zone A (without	a FEMA-	issued or c	ommunity-issued BFE)	
G3. The following information (Items G4–G10) is provided for community floodplain management purposes.						
G4. Permit Number 17- 105559 B1	G5. Date Permit Issu	ed		te Certifica mpliance/O	te of ccupancy Issued	
G7. This permit has been issued for:	New Construction	Substantial Improvem	ent			
G8. Elevation of as-built lowest floor (including of the building:	basement)	[feet [meters	Datum	
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	[feet [meters	Datum	
G10. Community's design flood elevation: Local Official's Name		[feet _	meters	Datum	
Local Official's Name		Title				
Community Name		Telephone				
Signature		Date				
Comments (including type of equipment and loca	ation, per C2(e), if appli	cable)				
				☐ Chec	k here if attachments.	

17. 105559 BI

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

			Expiration Date. November 30, 2016
Building Street Address (including A 931 PINTO CIRCLE	FOR INSURANCE COMPANY USE Policy Number:		
City NOKOMIS	State Florida	ZIP Code 34275	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 VIEW 03/22/2018

Photo One Caption

Clear Photo One



REAR VIEW 03/22/2018

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

931 PINTO CIRCLE

City

State

State

For Insurance Company USE

Policy Number:

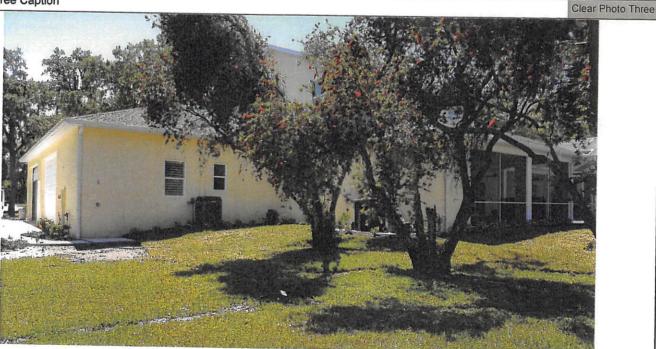
Company NAIC Number

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 Three Caption FRONT VIEW 03/22/2018



REAR VIEW 03/22/2018

Photo Four Caption

Clear Photo Four