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.

| A1. Building Owner's Name JOSEPH L. & KATHY A. MACKLIN A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Roy No. Company NAIC Number: | | | | | |
|---|---|--|--|--|--|
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and | | | | | |
| Box No. 174 PARK FOREST BLVD. | | | | | |
| City State ZIP Code ENGLEWOOD Florida 34223 | | | | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 8, PARK FOREST, UNIT 6D (PB. 50, PG 50) P.I.D. #0851-11-0018 | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL | | | | | |
| A5. Latitude/Longitude: Lat. 26°58'20.46"N Long. 82°20'42.76"W Horizontal Datum: NAD 1927 X 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): | | | | | |
| a) Square footage of crawlspace or enclosure(s) 0.00 sq ft | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0 | | | | | |
| c) Total net area of flood openings in A8.b 0.00 sq in | | | | | |
| d) Engineered flood openings? | | | | | |
| A9. For a building with an attached garage: | | | | | |
| a) Square footage of attached garage 0.00 sq ft | | | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0 | | | | | |
| c) Total net area of flood openings in A9.b 0.00 sq in | | | | | |
| d) Engineered flood openings? | | | | | |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
| B1. NFIP Community Name & Community Number B2. County Name B3. State | | | | | |
| SARASOTA COUNTY-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 |) | | | | |
| 125144-0451 F 11-04-2016 11-04-2016 AE 10 | | | | | |
| 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: | | | | | |
| The Frence of Firms Community Betermined Contentioned. | | | | | |
| 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: CBRS DPA | | | | | |
| | | | | | |

ELEVATION CERTIFICATE

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

| 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. 174 PARK FOREST BLVD. | | | Policy Number: | | |
| City State ZIP Code ENGLEWOOD Florida 34223 | | Company NAIC Number | | | |
| 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: SARCO BM #851-D CONVERTED Vertical Datum: NAVD88 | | | | | |
| 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. Check the measurement used. | | | | | |
| a) Top of bottom floor (including basement, cra | wlspace, or enclosure floo | r) | 11.7 X feet measurement used. | | |
| b) Top of the next higher floor | | | N/A feet meters | | |
| c) Bottom of the lowest horizontal structural me | mber (V Zones only) | - | N/A feet meters | | |
| d) Attached garage (top of slab) | 4 | | N/A X feet meters | | |
| e) Lowest elevation of machinery or equipment (Describe type of equipment and location in the second s | servicing the building Comments) | | N/A X feet meters | | |
| f) Lowest adjacent (finished) grade next to build | ding (LAG) | | 10.3 X feet meters | | |
| g) Highest adjacent (finished) grade next to buil | ding (HAG) | S- | 11.0 X feet meters | | |
| h) Lowest adjacent grade at lowest elevation of structural support | deck or stairs, including | 7 | N/A feet 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. | | | | | |
| Were latitude and longitude in Section A provided by | a licensed land surveyor? | ⊠Yes □No | Check here if attachments. | | |
| Certifier's Name RONALD R. NOURSE | License Number PSM #6026 | | | | |
| Title VICE PRESIDENT | | | Melada Seal Amstart | | |
| Company Name A M ENGINEERING, LLC. | | | Seal | | |
| Address 8340 CONSUMER COURT | | | 15m 6926 | | |
| City SARASOTA | State Florida | ZIP Code 34240 | 09/21/2020 | | |
| Signature M. M. 09 | Date 1/2/2020 | Telephone (941) 377-9178 | Ext. 201 | | |
| 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) LATITUDE & LONGITUDE IN SECTION A5 HAS BEEN OBTAINED BY A FIELD MESUREMENT WITH A GARMIN GPSMAP 76 HANDHELD RECEIVER. NOTE: ELEVATIONS HEREON HAVE BEEN CONVERTED FROM NGVD1929 DATUM TO NAVD88 DATUM USING A CONVERSION | | | | | |
| OF (-1.1'). NOTE: ELEVATION LISTED IN SECTION C2a IS A TEQUIPMENT SEVICING THE BUILDING IS | OP OF HEADER BLOCK EQUIPMENT LOCATE | ELEVATION. D ON THE | OF THE RESIDENCE. | | |