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 INFORMATION					FOR INSUF	RANCE COMPANY USE
A1. Building Owner's Name Policy Number: CHARLES D. CULLEN					ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1382 ROBERTS BAY LANE					Company N	AIC Number:
City SARASOTA			State Florida		ZIP Code 34242	
A3. Property Description (Lot a LOT 11, NORTH HARBOR SUI					,	0081080011
A4. Building Use (e.g., Resider	ntial, Non-Residential, A	ddition,	Accessory, 6	etc.) RESIDEN	ITIAL	
A5. Latitude/Longitude: Lat. 2	7.281419° L	.ong. <u>-</u> 8	2.550386°	Horizonta	l Datum: 🔲 NAD 1	927 × NAD 1983
A6. Attach at least 2 photograp	hs of the building if the	Certifica	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagram Number	1B					
A8. For a building with a crawls	space or enclosure(s):					
a) Square footage of craw	Ispace or enclosure(s)			0 sq ft		
b) Number of permanent flo	ood openings in the crav	vlspace	or enclosure	e(s) within 1.0 foo	t above adjacent gra	ade <u>0</u>
c) Total net area of flood o	penings in A8.b		0 sq in	l		
d) Engineered flood openir	ngs? 🗌 Yes 🕱 No)				
A9. For a building with an attacl	ned garage:					
a) Square footage of attach	ned garage	1	022 sq ft			
b) Number of permanent flo	ood openings in the atta	ched ga	arage within	1.0 foot above adj	acent grade 0	
c) Total net area of flood o	penings in A9.b		0 sq	in		
d) Engineered flood openir	ngs?)				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & 0		SUKA	B2. County		ORMATION	B3. State
SARASOTA COUNTY - 125144	-		SARASOTA			Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	M Panel ective/ rised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12115C-0141 F	11-04-2016	11-04-2		AE	9'	
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 X 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:	□ C	BRS	☐ OPA			

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or 1382 ROBERTS BAY LANE	Policy Number:				
City Stat SARASOTA Flor		Code 42	Company NAIC Number		
SECTION C – BUILDING ELI	EVATION INFORMA	TION (SURVEY RE	EQUIRED)		
 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 #81-B EL: 5.59' Vertical Datum: NGVD1929 					
Indicate elevation datum used for the elevations in it ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/S	, , ,	vv.			
Datum used for building elevations must be the same		3FE.			
a) Top of bottom floor (including basement, crawlspb) Top of the next higher floor	ace, or enclosure floor)	Check the measurement used. 11.6 ⊠ feet ☐ meters N/A ⊠ feet ☐ meters		
c) Bottom of the lowest horizontal structural membe	r (V Zones only)		N/A × feet meters		
d) Attached garage (top of slab)			6.9 × feet meters		
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 	ricing the building ments)		N/A × feet meters		
f) Lowest adjacent (finished) grade next to building	(LAG)		5.8 × feet meters		
g) Highest adjacent (finished) grade next to building	(HAG)		6.8 × feet meters		
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including		N/A ⊠ feet ☐ meters		
SECTION D – SURVEYOR,	ENGINEER, OR AR	CHITECT CERTIFI	CATION		
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 surveyor?	⊠ Yes □ No	Check here if attachments.		
Certifier's Name B. GREGORY RIETH	License Number 5228				
Title PSM/CFM			Place		
Company Name STRAYER SURVEYING AND MAPPING, INC.			Seal		
Address 742 SHAMROCK BLVD			Here		
City VENICE	State Florida	ZIP Code 34293			
Signature	Date 04-07-2021	Telephone (941) 497-1290	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) FILE #19-06-39. THE SUBJECT STRUCTURE IS UNDER CONSTRUCTION, NO VENTS OR MACHINERY HAVE BEEN INSTALLED AT THIS TIME. 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.A.V.D. 1988 DATUM TO N.G.V.D. 1929 DATUM USING VERTCON CONVERSION PROGRAM.					
DATE OF FIELD SURVEY: 03/26/2021					
* THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON(S) LISTED IN SECTION A1. *					

FEMA Form 086-0-33 (12/19)

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.					RANCE COMPANY USE		
	ding Street Address (including Apt., Unit, Suite 2 ROBERTS BAY LANE	, and/or Bldg. No.) or	P.O. Route and Box N	o. Policy Numb	per:		
City	RASOTA	State Florida	ZIP Code 34242	Company N	AIC Number		
	SECTION E – BUILDING FOR Z		RMATION (SURVEY E A (WITHOUT BFE))		
con ente	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 low a) Top of bottom floor (including basement, crawlspace, or enclosure) is	vest adjacent grade (L	AG).		e or _ below the HAG.		
	b) Top of bottom floor (including basement, crawlspace, or enclosure) is			meters	e or		
E2.	For Building Diagrams 6–9 with permanent flot the next higher floor (elevation C2.b in the diagrams) of the building is	ood openings provided	_	,	s 1–2 of Instructions), e or ☐ below the HAG.		
E3.	Attached garage (top of slab) is			meters above	e or		
E4.	Top of platform of machinery and/or equipment servicing the building is	nt	feet	meters above	e or		
E5.	Zone AO only: If no flood depth number is available floodplain management ordinance? Yes		e bottom floor elevated wn. The local official				
	SECTION F - PROPERTY	OWNER (OR OWNE	R'S REPRESENTATIV	/E) CERTIFICATIO	N		
The	property owner or owner's authorized representumenty-issued BFE) or Zone AO must sign her	ntative who complete re. The statements in	s Sections A, B, and E Sections A, B, and E a	for Zone A (without re correct to the be	a FEMA-issued or st of my knowledge.		
Pro	Property Owner or Owner's Authorized Representative's Name						
Add	dress	(City	State	ZIP Code		
Sig	nature	İ	Date	Telephone			
Cor	nments						
				☐ Che	ck here if attachments.		

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St 1382 ROBERTS BAY LANE	Policy Number:						
City SARASOTA	State Florida	ZIP Code 34242	Company NAIC Number				
SECTIO	N G – COMMUNITY INF	FORMATION (OPTIONAL	-)				
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation	The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation						
G2. A community official completed Section or Zone AO.	on E for a building locate	d in Zone A (without a FE	MA-issued or community-issued BFE)				
G3. The following information (Items G4–	G10) is provided for com	munity floodplain manago	ement purposes.				
G4. Permit Number	G5. Date Permit Issued	d G6	. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	New Construction	Substantial Improvement					
G8. Elevation of as-built lowest floor (including of the building:	g basement)	fe	eet 🗌 meters Datum				
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	fe	eet 🗌 meters Datum				
G10. Community's design flood elevation:		f	eet 🗌 meters Datum				
Local Official's Name		Title					
Community Name		Telephone					
Signature		Date					
Comments (including type of equipment and location, per C2(e), if applicable)							
			Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1382 ROBERTS BAY LANE			Policy Number:
City SARASOTA	State Florida	ZIP Code 34242	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 One Caption Clear Photo One

Photo Two Caption Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

Building Street Address (Including Apt., Unit, Suite, and/or Bidg., No.) or P.O. Route and Box No. 1382 ROBERTS BAY LANE City State ZIP Code Company NAIC Number 15 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 "R	IMPORTANT: In these spaces, copy the corr	FOR INSURANCE	COMPANY USE			
SARASOTA Florida 34242 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 verits, as indicated in Section Ac. Photo Three Photo Three Photo Three Caption Clear Photo Three Photo Four	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					
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 Photo Three Photo Three Caption Clear Photo Three Photo Four	-			Company NAIC Nu	mber	
Photo Three Caption Clear Photo Three Photo Four	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,					
Photo Three Caption Clear Photo Three Photo Four						
Photo Three Caption Clear Photo Three Photo Four						
Photo Three Caption Clear Photo Three Photo Four						
Photo Three Caption Clear Photo Three Photo Four		Dist. 7	•			
Photo Three Caption Photo Four Photo Four Photo Four Photo Four		Photo 1	hree			
Photo Three Caption Photo Four Photo Four Photo Four Photo Four						
Photo Three Caption Photo Four Photo Four Photo Four Photo Four						
Photo Three Caption Photo Four Photo Four Photo Four Photo Four						
Photo Four		Photo Tr	ree			
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Photo Four						
Photo Four		Photo	Four			
		Filoto	Oui			
	Photo Four Caption	Photo F	our		Clear Photo Four	