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

ELEVATION CERTIFICATE

17 114000 DI

OMB No. 1660-0008 Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION	For Insurance Company Use:				
A1. Building Owner's Name D. R. Horton, Inc.	Policy Number				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5700 Rock Dove Dr.	Company NAIC Number				
City Sarasota State FL ZIP Code 34241					
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) lot 18 Red Hawk Reserve phase II per Plat Book 46 Pages 1 and 1A through 1E P.I.D. 0264-16-0018					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. 27-16'-17.1" Long. 82-26'11.1" Horizontal Datum: A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 1B	☐ NAD 1927 ⊠ NAD 1983				
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings? Yes No A9. For a building with an attact and square footage of attact and square foot	thed garage 680 sq ft openings in the attached garage djacent grade 0 sq in openings in A9.b				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
Cornents County 400444	B3. State FL				
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood 125144 0170 D Date Effective/Revised Date Zone(s) 9/3/92 5/1/84 A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 32.6				
☐ FIS Profile ☐ FIRM ☑ Community Determined ☐ Other (Describe) B11. Indicate elevation datum used for BFE in Item B9: ☑ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe) B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☑ No Designation Date ☐ CBRS ☐ OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
Date Description of the building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. 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. Use the same datum as the BFE. Benchmark Utilized plat 264-H EI, 32.21 Vertical Datum 1929 Conversion/Comments					
Check the measurem	ent used.				
b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) n/a. feet m feet m d) Attached garage (top of slab)	neters (Puerto Rico only)				
f) Lowest adjacent (finished) grade next to building (LAG) 35.3	eters (Puerto Rico only) eters (Puerto Rico only) eters (Puerto Rico only)				
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. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Certifier's Name Ralph J. Rhodes License Number PSM 3959 Title Surveyor Company Name R.J. Rhodes Engineering, Inc.					
Certifier's Name Ralph J. Rhodes License Number PSM 3959	11113				
Title Surveyor Company Name R.J. Rhodes Engineering, Inc.	12-1				
Address 2937 Bee Ridge Road, suite 9 City Sarasota State FL ZIP Code 34239					
Signature					

IMPORTANT: In these sno	aces, copy the corresponding inf	formation from C-+1 *		
Building Street Address (including	ng Apt., Unit, Suite, and/or Bldg. No Lo	or P.O. Route and Box No		For Insurance Company Use: Policy Number
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5700 Rock Dove Drive				r oney Number
City Sarasota State FL ZIP Code 34241				Company NAIC Number
SEC	CTION D - SURVEYOR, ENGINEE	R, OR ARCHITECT CERTIF	ICATION (CON	TINUED)
Copy both sides of this Elevation	n Certificate for (1) community official,	(2) insurance agent/company, ar	nd (3) building owr	1er.
Comments C2e: machinery or	equipment is outside air conditioning	unit		
	male			
Signature	1///	Date 12/07/12		
OFOTION F. DUNDANA				Check here if attachments
SECTION E - BUILDING	ELEVATION INFORMATION (SU	JRVEY NOT REQUIRED) FO	OR ZONE AO A	ND ZONE A (WITHOUT BFE)
For Zones AO and A (without Bl and C. For Items E1-E4, use na	FE), complete Items E1-E5. If the Cert atural grade, if available. Check the me	tificate is intended to support a L easurement used. In Puerto Ric	OMA or LOMR-F	request, complete Sections A, B,
E1. Provide elevation informat	tion for the following and check the app	propriate boxes to show whether	the elevation is at	ove or below the highest adjacent
a) Top of bottom floor (incl	est adjacent grade (LAG). Iuding basement, crawispace, or enclo	sure) is		above or below the HAG.
b) Top of bottom floor (incl	luding basement, crawlspace, or enclo	sure) is	et	above or D below the LAG
(elevation C2.b in the diag	with permanent flood openings provid grams) of the building is	led in Section A Items 8 and/or 9 ☐ feet ☐ meters ☐ above	(see pages 8-9 or	f Instructions), the next higher floor
E3. Attached garage (top of sla	ab) is	meters □ above or □ below t	he HAG.	
E4. Top of platform of machine	ery and/or equipment servicing the build depth number is available, is the top of	ding is feet [meters abov	/e or ☐ below the HAG.
ordinance? Yes	No Unknown. The local official m	rust certify this information in Sec	ction G.	community's floodplain management
	TION F - PROPERTY OWNER (C			ICATION
The property owner or owner's a or Zone AO must sign here. <i>The</i>	authorized representative who complete e statements in Sections A, B, and E ar	es Sections A, B, and E for Zone re correct to the best of my know	A (without a FEM	A-issued or community-issued BFE)
Property Owner's or Owner's Au				
Address		City	State	ZIP Code
Signature		Date	Telephon	
Comments		Date	releption	E
				Check here if attachment
		UNITY INFORMATION (OPT		
The local official who is authorized and G of this Elevation Certificate.	by law or ordinance to administer the Complete the applicable item(s) and	community's floodplain manager	ment ordinance ca	in complete Sections A, B, C (or E),
G1. The information in Section	on C was taken from other documental certify elevation information. (Indicate t	tion that has been signed and se	aled by a licensed	d surveyor engineer or architect who
	npleted Section E for a building located			
	n (Items G4-G9) is provided for commu			,
G4. Permit Number	G5. Date Permit Issued	G6. Date Ce	rtificate Of Compl	iance/Occupancy Issued
G7. This permit has been issued	for: New Construction	7 Cubatastial Insurance		
'	oor (including basement) of the building]Substantial Improvement g:	eters (PR) Datum	
			☐ feet ☐ meters (PR) Datum ☐ feet ☐ meters (PR) Datum	
1000				- which chambdour and discover
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments	*		AMERICAN CONTROL CONTR	
				☐ Check here if attachments