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 BELLEAIR DEVELOPMENT, LLC					Policy Number:		
				- Did N- \ D O	Desta		
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 100 TAMIAMI TRAIL SOUTH 				. Route and	Company NAIC Number:		
City				State		ZIP Code	
NOKOMIS	•				34275		
1		nd Block Numbers, Ta	x Parce	l Number, Legal De	escription, etc.)		
Property Record In			A ddition	A	NON DECIDENT		-
A5. Latitude/Longit		tial, Non-Residential, / 7 12428		, Accessory, etc.) 82.45411	NON-RESIDEN	_	4007 W NAD 4000
		ns of the building if the			Horizontal Datur	_	1927 🗷 NAD 1983
A7. Building Diagra				ato to boing about		arioc.	
A8. For a building	with a crawls _l	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		0.00 sq ft			
b) Number of	permanent flo	ood openings in the cr	awlspac	e or enclosure(s) w	vithin 1.0 foot above	adjacent g	rade0
c) Total net ar	ea of flood op	penings in A8.b0.	00 s	sq in			
d) Engineered	flood openin	gs? 🗌 Yes 🗷 N	lo				
A9. For a building v	with an attach	ed garage:					
a) Square fool	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	d) Engineered flood openings? Yes No						
		CTION B - FLOOD I	NSURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi	ity Name & C	ommunity Number		B2. County Name			B3. State
SARASOTA & 125	144			SARASOTA			Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E1	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zo	use Flood Elevation(s) one AO, use Base ood Depth)
12115C0327	F	11/04/2016	- }	1/2016	AE & X(SHADED		od Dopan,
B10. Indicate the s	ource of the I	Base Flood Elevation	(BFE) d	ata or base flood de	epth entered in Item	n B9:	
☐ FIS Profile	FIRM	Community Deterr	nined [Other/Source:			
B11. Indicate eleva	ation datum u	sed for BFE in Item B	9: 🔲 N	GVD 1929 🗶 NA	\VD 1988	her/Source:	:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes 🗷 No							
Section 2.1							
Designation Date: CBRS DPA							

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Se	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rot 100 TAMIAMI TRAIL SOUTH	Policy Number:		
	Code 275	Company NAIC Number	
SECTION C - BUILDING ELEVATION INFORMA	TION (SURVEY RI	EQUIRED)	
	Iding Under Construing is complete. BFE), AR, AR/A, AR/ in Item A7. In Puert NAVD88 bw. BFE.	Check the measurement used. X feet meters X feet meters	
SECTION D – SURVEYOR, ENGINEER, OR ARC	CHITECT CERTIF	ICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or and I certify that the information on this Certificate represents my best efforts to interstatement may be punishable by fine or imprisonment under 18 U.S. Code, Section A provided by a licensed land surveyor?	chitect authorized by rpret the data availa stion 1001.	/ law to certify elevation information	
Certifier's Name License Number DWAYNE A. RUTH 5635		33 35 35 35 35 35 35 35 35 35 35 35 35 3	
Title PROFESSIONAL LAND SURVEYOR Company Name LAND PRECISION CORPORATION Address 2683 SUNSET POINT ROAD	4	Place Place Place Place Place	
City State CLEARWATER Florida	ZIP Code 33759		
Signature Date 09/24/2019	Telephone (727) 796-2737		
Copy all pages of this Elevation Certificate and all attachments for (1) community of Comments (including type of equipment and location, per C2(e), if applicable) LPC #19066 - N/A - NOT APPLICABLE. C2E ELEVATION IS A WATER HEAT		agent/company, and (3) building owner.	

5.基本: (1. 4x 34) 有关。

3.13

ا کا روز که داد کامل کا کارکوکر کار اور داد کار داد کار داد کارکار در داد کارکوکر کارکوکر کارکوکر است. داد داد کارکوکر در داد کار در در در داد کارکوکر کارکوکر کارکوکر کارکوکر کارکوکر کارکوکر کارکوکر کارکوکر کارکوک	 			
of thing as additional time (not not a refuse in 1975 done				
			old Warte	
		•	,	

State of the Company representational problem in the policy of the special problem. क्षा कर तथा कर वर्ष्ण <mark>को बेबरे करता</mark> । अबेबरे अन्तर एक तथा क्षा के क<mark>्ष्म के प्रति</mark>कार के प्रतिकार अपने अपने अपने

tan alike tangan salah di kacamatan di Masalitan di Masalitan di Masalitan di Masalitan di Masalitan di Masalit Di Masalitan di Masalita

Colored to expend by the colored

and the following fit sometimes of a process of the fit of the contract of and the complete was the control of the con-

a en la complició de Propertir a comprese en la cual casa de la ca

og angeld <mark>annændrak sin reskri</mark>stre en alherandensk ig er en er er skiller i sintre er e

parties transport to the design of the problem to the control of t of the organization and the first

unda del le programa la lla programa en ser la compactión del la c

利用:多数:::: ## 12 (1977) (1977 的复数形式性辐射 (1) 2.5 44 (4) 10 (4) 11 (4) 11 (4) 11 (5) 11 (5) 11 (5) 11 (5) 11 (5) 11 (5) 11 (5) 11 (5) 11 (5) 11

with the mark completely for the later standard by thempolitics at the left

gen de Lama is employada de la ligita

. 1 . 1 . 415 denat

Line that it we not be a majorithm in the first of the contraction the and soften at the second of th

ा १८५३ । का प्राचित्रक अगर्यायक से एउटा सामायकारक के अभन्य देश राजकार

and the course of a first day

South Stoly- ultra broth

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correspond	onding information fro	m Section A.	FOR INSUR	ANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, 100 TAMIAMI TRAIL SOUTH			p. Policy Numb			
City	State	ZIP Code	Company NA	AIC Number		
NOKOMIS	Florida	34275				
SECTION E – BUILDING FOR Z	ONE AO AND ZONE	MATION (SURVEY) A (WITHOUT BFE)	NOT REQUIRED)			
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.	s E1–E5. If the Certifica se natural grade, if avai	te is intended to suppliable. Check the mea	port a LOMA or LOI asurement used. In	MR-F request, Puerto Rico only,		
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement,	and check the appropriates adjacent grade (LAC	ate boxes to show wh 3).	nether the elevation	is above or below		
crawlspace, or enclosure) is			meters 🔲 above	or Delow the HAG.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet r	meters above	or below the LAG.		
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in	od openings provided in					
the diagrams) of the building is		leet lr	meters 🗌 above	or below the HAG.		
E3. Attached garage (top of slab) is		leet r	meters 🗌 above	or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is	t		meters	or below the HAG.		
E5. Zone AO only: If no flood depth number is avai floodplain management ordinance? Yes	ilable, is the top of the b	ottom floor elevated	in accordance with	the community's		
SECTION F - PROPERTY C	OWNER (OR OWNER'S	REPRESENTATIVI	E) CERTIFICATION	ı		
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.						
Property Owner or Owner's Authorized Representative's Name						
Address	City	,	State	ZIP Code		
Signature	Dat	е	Telephone	· 1784		
Comments						
			☐ Checl	k here if attachments.		

OMB No. 1660-0008 **ELEVATION CERTIFICATE** Expiration Date: November 30, 2018 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. Policy Number: 100 TAMIAMI TRAIL SOUTH City State ZIP Code Company NAIC Number **NOKOMIS** Florida 34275 SECTION G - COMMUNITY INFORMATION (OPTIONAL) 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. G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. G3. The following information (Items G4–G10) is provided for community floodplain management purposes. G4. Permit Number G5. Date Permit Issued G6. Date Certificate of Compliance/Occupancy Issued G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement Elevation of as-built lowest floor (including basement) ☐ feet ☐ meters Datum of the building: G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters Datum G10. Community's design flood elevation: feet 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.

OMB No. 1660-0008

Expiration Date: November 30, 2018

nation from Section A. No.) or P.O. Route and Box No.	FOR INSURANCE COMPANY USE Policy Number:
No.) or P.O. Route and Box No.	Policy Number:
	Tolley Number.
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.



Photo One

Photo One Caption NORTH/EAST SIDE VIEW



Photo Two Caption NORTH/WEST SIDE VIEW

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

		3	
IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt 100 TAMIAMI TRAIL SOUTH	., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No	o. Policy Number:
City	State	ZIP Code	Company NAIC Number
NOKOMIS	Florida	34275	

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 One Caption SOUTH/WEST SIDE VIEW



Photo Two Caption SOUTH/EAST VIEW