U.S. DEPARTMENT OF HOMELAND SECURITY Foderal Emergency Management Agency

National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION								For Insurance Company Use:
A1. Building Owner's Name								Policy Number
S.A. Caradonna of Florida, LLC A2. Building Street Address (Including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.								Comment Name 1
2179 So. Tamlami Trail							Company NAIC Number	
City			State			34229	1	ZIP Code
A3. Property Description (Lot and Block No	imbers, Tax Parcel N	lumber, Legal Description	n, etc.)		OTAL B		
Lots 1 & 2, Blk.A & 1/2 vac	ated Third St., S	pringhill Park Sub., P	.B.6, Pg. 52			_		
A4. Building Use (e.g., Re	sidential, Non-Re	esidential, Addition, A	coessory etc.) Comme	rial If Of	har Fy	nlein:		
A5. Latitude/Longitude	Let. 27°08	9'54. Lor	ng. 82°28"31"	Ho	rizonta	Datum	ı: \Box	NAD 1927 X NAD 1983
A8. Attach at least 2 photo	graphs of the bu	ilding if the Certificat	s is being used to obtain	flood Insu	rance.			
A7. Building Diagram Num	ber 1	clasum(s) amiddai			11 -1			
A8. For a building with a crawl space or enclosure(s), provide: A9. For a building with an attack a) Square footage of crawl space or enclosure(s) N/A ag ft a) Square footage of attacks								ched garage, provide:
b) No. of permanent flood openings in the crawl space or b) No. of permanent floo								d openings in the strached parage
c) Total net area of file	within 1.0 foot at			WI To	His with	in 1.0 f	oot a	bove adjacent grade N/A
o) 10 m 110 m 4 0 110	ood openinga in	A0,D	N/A sq in	C) 10	tai net	area or	nood	openings in A9.b N/A sq in
			NSURANCE RATE A	AP (FIR	M) INF	ORMA	ATIO	N
B1. NFIP Community Name	& Community N	lumber	B2. County Name					B3. State
(Unincorporated)Sara			Sarasota					FL
84. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Pa			38. Floo		B9. Base Flood Elevation(a) (Zone
125144 0238	D	9/3/1992	7/31/1971 / 5/			Zone(a)	AO, use bese flood depth)
S10. Indicate the source of the FIS Profile Tribularies elevation datus	FIRM TO USED FOR BEE	Community Deter	mined Other D 1929 NAVI	(Describe	(her (De	scrib	e)
la the building located in Designation Data	n a Coastal Barr	ier Resources System	n (CBRS) area of Other	wise Protec	ated Ar	98 (OP	A)?	□Yes ⊠ No
	SECTIO	N C - BUILDING E	LEVATION INFORM	S) MOITA	URVE	Y REC	QUIR	ED)
1. Building elevations are b	seed on:	Construction Draw	winge* Buil	ding Under	Const	nuction.		☐ Finished Construction
*A new Elevation Certific	ate will be requir	ed when construction	of the building is comp	eta.				Alternative Manager and the New York Control of the
below according to the b	uliding diegram	MIN BFE), VE, V1-V3	0, V (with BFE), AR, AR	A, AR/AE,	AR/A1	-A30, A	ARVAI	H, AR/AO. Complete Items C2.a-g
Benchmark Utilized Sar.			Vertical D	atum NO	VD			
Conversion/Comments					4.11	-		Check the measurement used.
a) Top of botto	om floor (includin	g besement, crawl a	osce, or enclosure floor)	11.3	X	feet		
b) Top of the r	next higher floor		M252-	N/A		feet		meters (Puerto Rico only)
c) Bottom of the	re lowest horizon	ntel structural membe	r (V Zones only)	N/A		feet		meters (Puerto Rico only)
d) Attached garage (top of slab)				N/A		feet		meters (Puerto Rico only)
e) Lowest elev	ation of machine	ry or equipment sen	icing the building	11.3	X	feet	H	meters (Puerto Rico only)
(Describe type	W BARBERS							
	cent (finished) g (bedeinft) treat			8.0	X	feet		meters (Puerto Rico only)
a) Liightabl auf	acont (ninshed) (JIRDA (LING)		10.9		feet		maters (Puerto Rico only)
	SECTIO	ND SUBVEYOR	ENGINEER, OR AR	CUITECT	OFO	TICIO	TIO	
This certification is to be sign								
Information. I certify that the I understand that any false s	information on ti	his Certificate repres	ents my best efforts to in	teroret the	dela a	vallable	7.	
Check here if comments	are provided on	back of form.	imprisornioni andor re	0.5. 000	5, SOCE	ion roo	i.	PSM # 60853
Certifier's Name License Number								
John F. Eckert		Company Name	#8085	22-				- 10 or col 1
rofessional Surveyor & Ma	apper	Company Name Mark E. Bessett L	and Surveying & Mappir	a. Ino.				Solve & Entry
ddress		City	State		ZIP C			- For las !
1899 Porter Lake Drive #10 Signature	-01	Sarasota Date 2/1	2/2007 Fiorida	one 841.	34240			- 24. 1/ 000
John	Edie					36 TS		
		-		4				

6-103270 BC

A -			
MPORTANT: In these spaces, copy the corr	responding Information for	rom Section A	For Insurance Company Use:
culiding Street Address (Including Apt., Unit, Suite, an	nd/or Bidg. No.) or P.O. Routa	and Box No.	Policy Number
179 So. Tamjami Trail	State	ZIP Code	Company NAIC Number
Osprey	FL COLORED OF ADO	34229	NITNI IEDI
		HITECT CERTIFICATION (C	
opy both sides of this Elevation Certificate for (1) cor	mmunity official, (2) Insurance	agent/company, and (3) building of	ner.
omments 2(e) Elevation listed is on the exterior concrete supp	and slab for the Air Conditions	r equipment	
Elevater lieues & off the dymini concluse supp	SOIL SIDE (OF THE NIT CONDITIONE	equipment.	
Ignature 16 7 9 K.A		ate 7	Check here if attachments
SECTION E - BUILDING ELEVATION INFO	DRMATION (SURVEY NOT		AND ZONE A (WITHOUT BFE)
SEOFOR E - BOILDING ELEVATION IN C	TOTAL (CORVET RO	THE OWNER OF THE PARTY OF THE P	AND EGILE A (MITTIGGT DI D)
or Zones AO and A (without BFE), complete Items E			
1. Provide elevation information for the following ar			
grade (HAG) and the lowest adjacent grade (LA	G).		_
a) Top of bottom floor (including basement, craw	50 M	feet meters	above or below the HAG.
b) Top of bottom floor (including basement, craw 2. For Building Diagrams 6-8 with permanent flood	openings provided in Section	A Items 8 and/or 9 (see page 8 of	Instructions), the next higher floor
(elevation C2.b in the diagrams) of the building is b. Attached garage (top of slab) is	s ifeet in meter		
Top of platform of machinery and/or equipment s			above or Delow the HAG.
Zone AO only: If no flood depth number is availa			
ordinance? Tes No Unknown.	The local official must certify	this Information in Section G.	
SECTION F - PROPER	TY OWNER (OR OWNER	S REPRESENTATIVE) CERT	TFICATION
e property owner or owner's authorized representati Zone AO must sign here. The statements in Section	ns A, B, and E are correct to the		EMA-Issued or community-issued BFE
operty Owner's or Owner's Authorized Representative	V9'3 Name		
dress	City	State	ZIP Code
gnature	City	State	
insture			
insture			lone
mments	Date	Teleph	lane
emments SECTION Local official who is authorized by law or ordinance to	Date ON G - COMMUNITY INFO	Teleph PRMATION (OPTIONAL) floodplain management ordinance	Check here if ettachmo
mments SECTIO Iocal official who is authorized by law or ordinance to G of this Elevation Certificate. Complete the applica	ON G - COMMUNITY INFO	Teleph Teleph Teleph PRMATION (OPTIONAL) floodplain management ordinance theck the measurement used in its	Check hare if ettachmonate can complete Sections A, B, C (or E) ema G8, and Q9.
SECTION SEC	Date ON G - COMMUNITY INFO to administer the community's the item(s) and sign below. On the community is the community in th	PRMATION (OPTIONAL) floodplain management ordinance thack the measurement used in its	Check hare if effections can complete Sections A, B, C (or E) ema G8. and G9. ead surveyor, engineer, or architect wi
SECTION Incal official who is authorized by law or ordinance to G of this Elevation Certificate. Complete the application of the Information in Section C was taken from the latential of the section of the Information in Section C was taken from the latential of the Information in Section C was taken from the latential of the Information in Section C was taken from the latential of the Information in Section C was taken from the Information C was	Date ON G - COMMUNITY INFO to administer the community's able item(s) and sign below. On their documentation that has a	PRMATION (OPTIONAL) floodplain management ordinance thack the measurement used in its seen signed and sealed by a licens of date of the elevation data in the	Check hare if ettachmonant can complete Sections A, B, C (or E) ama G8, and G9, and aurvayor, engineer, or architect with comments area below.)
SECTION Incal official who is authorized by law or ordinance to go of this Elevation Certificate. Complete the application in Section C was taken from a la authorized by law to certify elevation information. A community official completed Section E for a	Date ON G - COMMUNITY INFO to administer the community's able item(6) and sign below. On ther documentation that has be ation. (Indicate the source and a building located in Zone A (w	PRMATION (OPTIONAL) floodplain management ordinance theck the measurement used in its even signed and sealed by a licens did date of the elevation data in the without a FEMA-lesued or communi	Check hare if ettachmonant can complete Sections A, B, C (or E) ama G8, and G9, and aurvayor, engineer, or architect with comments area below.)
SECTION Incal official who is authorized by law or ordinance to G of this Elevation Certificate. Complete the application of the information in Section C was taken from a is authorized by law to certify elevation information. A community official completed Section E for a The following information (Items G4G8.) is presented.	Date ON G - COMMUNITY INFO to administer the community's able item(6) and sign below. On other documentation that has be ation. (Indicate the source am a building located in Zone A (we revided for community floodple	PRMATION (OPTIONAL) floodplain management ordinance theck the measurement used in its even algred and sealed by a licen- d date of the elevation data in the without a FEMA-lasued or communiation management purposes.	Check hare if ettachm can complete Sections A, B, C (or E) end G8, and G9, end aurysyor, engineer, or architect with the comments area below.)
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Building Photographs See Instructions for Item A5.

			For Insurance Company Use:
Building Street Address (Including	Policy Number		
2179 So. Tamiami Trall	57 V(X() 54 () 55 () 56 () 56 ()		
City	State	ZIP Code	Company NAIC Number
Osprey	FL	34229	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



