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.

Oction A Property INFORMATION					
SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE				
A1. Building Owner's Name CalAtlantic Homes	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route a Box No.	Company NAIC Number:				
9928 Sheltering Spruce Street					
City State	ZIP Code				
Englewood Florida	34223				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description Lot 6 of Keyway Place, A Replat, Plat Book 48 Pages 42 & 42A - 42F	etc.)				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential	ntial / Single Family				
A5. Latitude/Longitude: Lat. 27° 0'32.53" Long82°22'48.25" Horizo	ntal Datum: 🔲 NAD 1927 🗵 NAD 1983				
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain	lood insurance.				
A7. Building Diagram Number 1B					
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 sq in					
d) Engineered flood openings? ☐ Yes ☒ No	d) Engineered flood openings?				
A9. For a building with an attached garage:					
a) Square footage of attached garage 426.00 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 sq in					
d) Engineered flood openings? Yes No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number B2. County Name Sarasota County -125144 Sarasota	B3. State Florida				
B4. Map/Panel 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)				
12115C0344 F 11-04-2016 11-04-2016 AE	11'				
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
FIS Profile X FIRM Community Determined Other/Source:					
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 DOTher/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🔲 Yes 🗵 No					
Designation Date: N/A CBRS OPA					

FEMA Form 086-0-33 (7/15)

Replaces all previous editions.

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the	The state of the s			NSURANCE COMPANY US		
Building Street Address (including Apt., U 9928 Sheltering Spruce Street	nit, Suite, and/or Bldg. No.) o	or P.O. Route and Box No.	Policy	Number:		
City Englewood	State Florida	ZIP Code 34223	Compa	Company NAIC Number		
SECTION C -	BUILDING ELEVATION II	NFORMATION (SURVE)	REQUIRE	D)		
 C1. Building elevations are based on: *A new Elevation Certificate will be C2. Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below accomplete Benchmark Utilized: See Comment 	H, A (with BFE), VE, V1–V30 ording to the building diagram	of the building is complete. V (with BFE), AR, AR/A.	AR/AE. AR/	⊠ Finished Construction /A1–A30, AR/AH, AR/AO. ønly, enter meters. /A1–A30, AR/AH, AR/AO. ønly, enter meters.		
Indicate elevation datum used for the	ne elevations in items a) throu	igh h) below.				
☐ NGVD 1929 🗵 NAVD						
Datum used for building elevations	must be the same as that use	ed for the BFE.	Che	eck the measurement used.		
a) Top of bottom floor (including ba	asement, crawlspace, or enclo	osure floor)	16.28			
b) Top of the next higher floor			0.00	☐ feet ☐ meters		
	c) Bottom of the lowest horizontal structural member (V Zones only)					
d) Attached garage (top of slab)	· · · · · · · · · · · · · · · · · · ·		15.93			
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)				x feet meters		
			15.00			
	f) Lowest adjacent (finished) grade next to building (LAG) g) Highest adjacent (finished) grade next to building (HAG)					
h) Lowest adjacent grade at lowes structural support		ncluding	0.00			
The state of the s	- SURVEYOR, ENGINEER	OD ADCUITECT CED	TIEICATIO	N		
This certification is to be signed and sea I certify that the information on this Cert statement may be punishable by fine or	aled by a land surveyor, engir ificate represents my best effi imprisonment under 18 U.S.	neer, or architect authorize orts to interpret the data av Code, Section 1001.	d by law to o	certify elevation information		
Were latitude and longitude in Section A	provided by a licensed land	surveyor? XYes N	0 0	Check here if attachments.		
Certifier's Name	License N	umber	F TO PERSON			
Edward W. Wackerman	PLS3696	10.1 =	- 11	100000000000000000000000000000000000000		
Title Professional Land Surveyor			0000 18	Moleselov Moleselov		
Company Name	SCHOOL BUY HIS TEN	1-17-1-18-78 (Albert Feel)	on on	SO S		
GeoPoint Surveying, Inc.			SHA	ON THE STATE OF TH		
Address			96	4000 B		
1403 E. 5th Ave			100	Series de la company de la com		
City Tampa	State Florida	ZIP Code 33605	C	NEWASA		
Signature St. Of It Is a	Date 11-15-201	Telephone (813) 248-888	Ext.			
Copy all pages of this Elevation Certificate	e and all attachments for (1) co	ommunity official, (2) insurar	nce agent/co	mpany, and (3) building owr		
Comments (including type of equipment C2. Benchmark Utilized: Sarasota C2. e) Top of Air Conditioning Pad Elev Pictures were taken during field visit on Conversion from National Geodetic Vert NGVD29 - 1.112 = NAVD88.	County Benchmark "485C" &" ration. 11/14/2017.	R485A"	Datum of 19	88(NAVD88) is		
and a second sec						

ELEVATION CERTIFICATE

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

IMPO	DRTANT: In these spaces, copy the correspond	ing information from S	Section A.	FOR INSURA	NCE COMPANY USE
	ding Street Address (including Apt., Unit, Suite, and 3 Sheltering Spruce Street	l/or Bldg. No.) or P.O. F	Route and Box No.	Policy Number	er:
City		State Z	IP Code	Company NA	IC Number
			4223	J company is a	- 7 - 16-
	SECTION E – BUILDING EL FOR ZONI	EVATION INFORMATE AO AND ZONE A (V		T REQUIRED)	WASHINGTON TO AND THE SECOND
com	Zones AO and A (without BFE), complete Items E1 plete Sections A, B,and C. For Items E1–E4, use n r meters.	–E5. If the Certificate is atural grade, if available	s intended to suppor e. Check the measu	t a LOMA or LON rement used. In F	IR-F request, Puerto Rico only,
E1.	Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a a) Top of bottom floor (including basement,		boxes to show whet		
	crawlspace, or enclosure) is b) Top of bottom floor (including basement,	A	_	ters above	or below the HAG.
	crawlspace, or enclosure) is	•	_ feet me	ters above	or Delow the LAG.
E2.	For Building Diagrams 6-9 with permanent flood of	penings provided in Se	ction A Items 8 and	or 9 (see pages	1–2 of Instructions),
	the next higher floor (elevation C2.b in the diagrams) of the building is		_ feet me	ters above	or below the HAG.
E3.	Attached garage (top of slab) is	197	_ feet me	ters above	below the HAG.
E4.	Top of platform of machinery and/or equipment servicing the building is		□ fast □	CT Cabaua	
E5		a is the ten of the bette	feet _ me		or below the HAG.
E5.	Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	No Unknown.			
	SECTION F - PROPERTY OW	NER (OR OWNER'S RI	EPRESENTATIVE)	CERTIFICATION	
The	property owner or owner's authorized representati munity-issued BFE) or Zone AO must sign here. T	ve who completes Secti he statements in Sectio	ions A, B, and E for ns A, B, and E are o	Zone A (without a correct to the best	a FEMA-issued or of my knowledge.
Prop	perty Owner or Owner's Authorized Representative	's Name			
Add	ress	City	NO TERUSTANIMO NOTAGO COM ATRI X	State	ZIP Code
Sigr	nature	Date		Telephone	
Con	nments				
					and a second of
					c here if attachments.

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corre	esponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Su 9928 Sheltering Spruce Street	No. Policy Number:		
City Englewood	State Florida	ZIP Code 34223	Company NAIC Number
SECTIO	N G - COMMUNITY IN	FORMATION (OPTIC	NAL)
The local official who is authorized by law or on Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete ti		
G1. The information in Section C was take engineer, or architect who is authorized taken in the Comments area below.)	en from other documen ed by law to certify elev	tation that has been signation information. (Indi	gned and sealed by a licensed surveyor, cate the source and date of the elevation
G2. A community official completed Section Zone AO.	on E for a building locat	ted in Zone A (without	a FEMA-issued or community-issued BFE)
G3. The following information (Items G4–	G10) is provided for co	mmunity floodplain ma	nagement purposes.
G4. Permit Number 17-126743	G5. Date Permit Issu	ed	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improvem	ent
G8. Elevation of as-built lowest floor (including of the building:	g basement)		feet meters Datum
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	School School
Signature	1 11	Date	
Comments (including type of equipment and loa	cation, per C2(e), if app	licable)	
~			
			Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

Code	Company NAIC Number
	223

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 FRONT VIEW

Clear Photo One



Photo Two Caption LEFT VIEW

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9928 Sheltering Spruce Street			FOR INSURANCE COMPANY USE Policy Number:	
Englewood	Florida	34223		

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 Three Caption REAR VIEW

Clear Photo Three



Photo Four Caption RIGHT VIEW

Clear Photo Four