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 INSUF	RANCE COMPANY USE		
A1. Building Owner's Name CalAtlantic Homes				Policy Num	ber:		
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9912 Sheltering Spruce Street 				d Company N	IAIC Number:		
City Englewood	State			ZIP Code 34223			
	(Lot and Block Numbers, Ta Replat, Plat Book 48 Pages		-	gal Description,	etc.)		
A4. Building Use (e.g., Re	esidential, Non-Residential,	Addition	, Accessory, e	etc.) Residen	tial / Single Family		
					1927 X NAD 1983		
İ	ographs of the building if the	_		 sed to obtain flo	ood insurance.		
A7. Building Diagram Nun			_				
A8. For a building with a c	rawlspace or enclosure(s):						
a) Square footage of	crawispace or enclosure(s)	+		0.00 sq ft			
b) Number of perman	ent flood openings in the cr	awispace	e or enclosure	 e(s) within 1.0 fo	ot above adjacent gra	ade 0	
c) Total net area of flo	ood openings in A8.b		0.00 sq in			<u></u> -	
d) Engineered flood o	ppenings? Yes 🗵	No					
A9. For a building with an	A9. For a building with an attached garage:						
a) Square footage of	a) Square footage of attached garage426.00 sq ft						
	ent flood openings in the at				djacent grade 0		
c) Total net area of flo	c) Total net area of flood openings in A9.b 0.00 sq in						
d) Engineered flood openings?							
	SECTION B - FLOOD	INSURA			IFORMATION	T =	
B1. NFIP Community Nam Sarasota County 125144	=		B2. County Sarasota	Name		B3. State Florida	
B4. Map/Panel B5. S Number	uffix B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)	
12115C0344 F	11-04-2016	11-04-2	2016	AE	11'		
☐ FIS Profile 🗵 F	of the Base Flood Elevation IRM	mined [Other/Sou	rce:	ed in Item B9:		
	ed in a Coastal Barrier Reso	•	<u> </u>) area or Otherv	vise Protected Area (JPA)? [] Yes XI No	
Designation Date: _	N/A	CBRS	☐ OPA				

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding	ction A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or 9912 Sheltering Spruce Street	Bldg. No.) or P.O. Rou	ute and Box No.	Policy N	Number:	
City State ZIP Code. Englewood Florida 34223			Company NAIC Number		
SECTION C – BUILDING ELE	VATION INFORMA	TION (SURVEY R	EQUIRE	D)	
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V Complete Items C2.a–h below according to the build Benchmark Utilized: See Comments Indicate elevation datum used for the elevations in ite NGVD 1929 NAVD 1988 Other/S Datum used for building elevations must be the same a) Top of bottom floor (including basement, crawlspan) b) Top of the next higher floor	nstruction of the building /E, V1–V30, V (with Bing diagram specified Vertical Datum: ems a) through h) belocurce:	FE), AR, AR/A, AR/ in Item A7. In Puert NGVD29 w.	AE, AR//o Rico or	A1–A30, A nly, enter r	asurement used. meters meters meters
c) Bottom of the lowest horizontal structural member	(V Zones only)	A chi	0.00	☐ feet	meters
d) Attached garage (top of slab)			16.17		meters
e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comr	cing the building nents)			⊠ feet	meters
f) Lowest adjacent (finished) grade next to building	(LAG)		15.90	× feet	☐ meters
g) Highest adjacent (finished) grade next to building	(HAG)	112	16.10	× feet	meters
 h) Lowest adjacent grade at lowest elevation of deck structural support 	or stairs, including	1 12	0.00	feet	meters meters
SECTION D – SURVEYOR,	ENGINEER, OR AR	CHITECT CERTIF	CATION	1	
This certification is to be signed and sealed by a land surval certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und Were latitude and longitude in Section A provided by a lice Certifier's Name Edward W. Wackerman	my best efforts to interder 18 U.S. Code, Sec	rpret the data availation 1001. X Yes No	ble. I und	Check here	ation information. hat any false e if attachments.
Professional Land Surveyor		0000	10,000	DINO	To see of
Company Name GeoPoint Surveying, Inc. Address 213 Hobbs Street		A NAMA	10 969 24 969	STAIS	STAN S
City Tampa	State Florida	ZIP Code 33619	00 M	084 16.000	53 1999 99
Signature Copy all pages of this Elevation Certificate and all attachmen	Date 03-14-2018	Telephone (813) 248-8888	Ext.	mnany an	d (3) building owner
Comments (including type of equipment and location, per C2. Benchmark Utilized : Sarasota County Benchmark C2. e) Top of Air Conditioning Pad Elevation. Pictures were taken during field visit on 01/18/2018. Conversion from National Geodetic Vertical Datum 1929(NGVD29 - 1.112 = NAVD88.	C2(e), if applicable) "485C" &"R485A"				

ELEVATION CERTIFICATE

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

MPORTANT: In these spaces, copy the correspondir	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/9912 Sheltering Spruce Street	or Bldg. No.) or P.O. Ro	oute and Box No.	Policy Number:			
•		Code 223	Company NAIC Number			
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
For Zones AO and A (without BFE), complete Items E1–complete Sections A, B,and C. For Items E1–E4, use na enter meters.	E5. If the Certificate is i tural grade, if available.	ntended to support Check the measure	a LOMA or LOMR-F request, ment used. In Puerto Rico only,			
 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 lowest adjacent grade (LAG). a) Top of bottom floor (including basement, 						
crawlspace, or enclosure) is			rs above or below the HAG.			
 Top of bottom floor (including basement, crawlspace, or enclosure) is 			rs above or below the LAG.			
E2. For Building Diagrams 6-9 with permanent flood op	enings provided in Sect	ion A Items 8 and/o	9 (see pages 1–2 of Instructions),			
the next higher floor (elevation C2.b in the diagrams) of the building is			rs above or below the HAG.			
E3. Attached garage (top of slab) is			rs above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is			rs			
E5. Zone AO only: If no flood depth number is available floodplain management ordinance?	, is the top of the botton No ☐ Unknown. Th	n floor elevated in ac ne local official must	ccordance with the community's certify this information in Section G.			
SECTION F - PROPERTY OWN	ER (OR OWNER'S REF	PRESENTATIVE) C	ERTIFICATION			
SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION 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.						
Community-199400 Dr E/ or Zono AO must sign note. The	statements in Sections	₃ A, B, and E are co ——	rrect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's		s A, B, and E are co	rrect to the best of my knowledge.			
			tate ZIP Code			
Property Owner or Owner's Authorized Representative's	Name	S	rrect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's Address	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			
Property Owner or Owner's Authorized Representative's Address Signature	Name City	S	tate ZIP Code			

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 9912 Sheltering Spruce Street	Policy Number:					
City Englewood		ZIP Code 34223	Company NAIC Number			
SECTION	ON G - COMMUNITY INFORM	MATION (OPTIONAL	<u>.)</u>			
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the app	nmunity's floodplain r licable item(s) and s	nanagement ordinance can complete ign below. Check the measurement			
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	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.	ion E for a building located in 2	Zone A (without a FE	MA-issued or community-issued BFE)			
G3. The following information (Items G4-	G10) is provided for communi	ty floodplain manage	ement purposes.			
G4. Permit Number	G5. Date Permit Issued	G6	Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction Subst	antial 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	the building site:	fe	eet meters Datum			
G10. Community's design flood elevation:		fe	eet meters Datum			
Local Official's Name	Title					
Community Name	Telep	phone				
Signature Date						
Comments (including type of equipment and location, per C2(e), if applicable)						
			☐ Check here if attachments.			
			LI CHECK HELE II ALLACHINICIUS.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 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, 9912 Sheltering Spruce Street	Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:	
City	State	ZIP Code	Company NAIC Number	
Englewood	Florida	34223	En age to est	

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

FRONT VIEW Photo One Caption

Clear Photo One



LEFT VIEW Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 9912 Sheltering Spruce Street	Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City Englewood	State Florida	ZIP Code 34223	Company NAIC Number

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