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

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATEImportant: 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 FREDERICK L STRAMMER JR. & CATHLEEN P STRAMMER					Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.527 BAYVIEW PARKWAY					Company N	IAIC Number:	
City NOKOMIS	·			ZIP Code 34275			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 7 & WESTERLY PART OF LOT 8, BLOCK 47, CORRECTED PLAT OF BAY POINT, TAX ID #0173030002							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					TIAL		
A5. Latitude/Longit	ude: Lat. 27	7.116210	Long8	32.46038°	Horizonta	Datum: NAD 1	927 × NAD 1983
A6. Attach at least	2 photograpl	ns of the building if the	e Certific	ate is being u	sed to obtain floor	d insurance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foot	age of crawl	space or enclosure(s)		C	sq ft		
b) Number of p	ermanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade 0
c) Total net are	ea of flood op	penings in A8.b	C) sq in			
d) Engineered	flood openin	gs? Yes X	١o				
A9. For a building w	vith an attach	ed garage:					
a) Square footage of attached garage 0 sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0							
c) Total net are	ea of flood op	penings in A9.b		0 sq	in		
d) Engineered	flood openin	gs? Yes 🗷 N	No.				
, 0	a) Zhginoshou noou oponiingo.						
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community Name & Community Number SARASOTA COUNTY - 125144			B2. County SARASOTA			B3. State Florida	
B4. Map/Panel Number	B5. Suffix	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)
12115C-0327	F	11-04-2016	11-04-2		AE	11'	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation Date: CBRS OPA							

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IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and 527 BAYVIEW PARKWAY	Policy Number:					
-		P Code 1275	Company NAIC Number			
SECTION C – BUILDING	ELEVATION INFORM	ATION (SURVEY R	EQUIRED)			
	• —	uilding Under Constru	uction*			
*A new Elevation Certificate will be required whe			/AE AB/A4 AGO AB/AH AB/AG			
C2. 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. In Puerto Rico only, enter meters. Benchmark Utilized: SARCO BM 172-B EL: 7.62' Vertical Datum: NGVD1929						
Indicate elevation datum used for the elevations	, , ,	elow.				
☐ NGVD 1929 ⊠ NAVD 1988 ☐ Oth						
Datum used for building elevations must be the s	same as that used for the	BFE.	Check the measurement used.			
a) Top of bottom floor (including basement, craw	wlspace, or enclosure flo	or)	12.0 X feet meters			
b) Top of the next higher floor			N/A ⋉ feet ☐ meters			
c) Bottom of the lowest horizontal structural me	mber (V Zones only)		N/A			
d) Attached garage (top of slab)			8.3 × feet meters			
 e) Lowest elevation of machinery or equipment (Describe type of equipment and location in 0 	servicing the building Comments)		N/A × feet meters			
f) Lowest adjacent (finished) grade next to build	ding (LAG)		4.0 × feet meters			
g) Highest adjacent (finished) grade next to buil	ding (HAG)		6.1 × feet meters			
 h) Lowest adjacent grade at lowest elevation of structural support 	deck or stairs, including		N/A ⊠ feet ☐ meters			
SECTION D - SURVEY	OR, ENGINEER, OR A	RCHITECT CERTIF	ICATION			
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.						
Were latitude and longitude in Section A provided by	a licensed land surveyor	? ⊠Yes □No	$oxed{ imes}$ Check here if attachments.			
Certifier's Name ROBERT B. STRAYER JR.	License Number 5027					
Title						
PSM/CFM	Place					
Company Name STRAYER SURVEYING AND MAPPING, INC.			Seal			
Address 742 SHAMROCK BLVD			Here			
City VENICE	State Florida	ZIP Code 34293				
Signature	Date 04-05-2021	Telephone (941) 497-1290	Ext.			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per C2(e), if applicable) FILE #14-05-91. THE SUBJECT STRUCTURE IS UNDER CONSTRUCTION, NO VENTS OR MACHINERY HAVE BEEN INSTALLED AT THIS TIME. SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST APP - NO CONVERSION). ELEVATIONS SHOWN IN SECTION "C" WERE CONVERTED FROM N.G.V.D. 1929 DATUM TO N.A.V.D. 1988 DATUM USING VERTCON CONVERSION PROGRAM.						
DATE OF FIELD SURVEY: 03/31/2021						
* THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON(S) LISTED IN SECTION A1. *						

ELEVATION CERTIFICATE

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MPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and 527 BAYVIEW PARKWAY	or Bldg. No.) or P.O. R	oute and Box No.	Policy Number:			
		P Code 1275	Company NAIC Number			
SECTION E – BUILDING ELE			REQUIRED)			
	AO AND ZONE A (W					
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.						
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		feet _ meter	s above or below the HAG.			
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		_	s above or below the LAG.			
E2. For Building Diagrams 6–9 with permanent flood or	penings provided in Sec	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		_	s above or below the HAG.			
E3. Attached garage (top of slab) is		_	s above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is		_ ☐ feet ☐ meter	s above or below the HAG.			
E5. Zone AO only: If no flood depth number is available		m floor elevated in ac				
SECTION F – PROPERTY OWN	IER (OR OWNER'S RE	PRESENTATIVE) CE	ERTIFICATION			
The property owner or owner's authorized representativ community-issued BFE) or Zone AO must sign here. The	e who completes Section	ons A, B, and E for Zo	ne A (without a FEMA-issued or			
Property Owner or Owner's Authorized Representative's	s Name					
Address	City	Sta	ate ZIP Code			
Signature	Date	Те	lephone			
Comments						
			Check here if attachments.			

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St 527 BAYVIEW PARKWAY	uite, and/or Bldg. N	No.) or P.O. Route and Bo	x No.	Policy Number:			
City NOKOMIS	State Florida	ZIP Code 34275		Company NAIC Number			
SECTIO	N G – COMMUNI	TY INFORMATION (OPT	IONAL)				
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 Zone AO.	on E for a building	located in Zone A (withou	ıt a FEMA	A-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided f	or community floodplain n	nanageme	ent purposes.			
G4. Permit Number	G5. Date Permit	t Issued		Date Certificate of compliance/Occupancy Issued			
G7. This permit has been issued for:] New Constructio	on Substantial Improve	ment				
G8. Elevation of as-built lowest floor (including basement) of the building:				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							
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.

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IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 527 BAYVIEW PARKWAY	Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City NOKOMIS	State Florida	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 Caption Clear Photo One



Photo Two Caption Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022 Continuation Page

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE	COMPANY USE				
Building Street Address (including Apt., Unit, Suite, a 527 BAYVIEW PARKWAY	nd/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:			
City	State	ZIP Code	Company NAIC Nu	mber		
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 Thre	е				
	Photo Three					
Photo Three Caption				Clear Photo Three		
	Photo Fou	r				
	Photo Four					
Photo Four Caption				Clear Photo Four		