U.S. DEPARTMENT OF HOMELAND SECURITY

OMB No. 1660-0008 Expiration Date: November 30, 2022 Federal Emergency Management Agency National Flood Insurance Program

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 David M. Fisher				Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 113 Sandy Hook Road South				Company N	IAIC Number:	
City Sarasota	City State			ZIP Code 34242		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot B, Less westerly 10.00 feet, Sandy Hook Subdivision PID #0080100007						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longitude: Lat. 27	°16'46.7" L	_ong. 82	2°34'00.7"	Horizonta	l Datum: NAD 1	927 X NAD 1983
A6. Attach at least 2 photograph	ns of the building if the	Certific	ate is being ι	used to obtain floo	d insurance.	
A7. Building Diagram Number	6					
A8. For a building with a crawlsr	pace or enclosure(s):					
a) Square footage of crawls	space or enclosure(s)			N/A sq ft		
b) Number of permanent flo	od openings in the crav	wlspace	or enclosure	e(s) within 1.0 foot	t above adjacent gra	ade N/A
c) Total net area of flood op	enings in A8.b		N/A sq in	ĺ		
d) Engineered flood opening	gs? 🗌 Yes 🔲 No)				
A9. For a building with an attache	ed garage:					
a) Square footage of attache	ed garage		N/A sq ft			
b) Number of permanent flo	od openings in the atta	ched g	arage within	1.0 foot above adj	acent grade N/A	
c) Total net area of flood op	enings in A9.b		N/A sq	in		
d) Engineered flood opening	gs? ☐ Yes ☐ No)				
	, , , , , , , , , , , , , , , , , , , ,					
SE	CTION B - FLOOD IN	ISURA	NCE RATE	MAP (FIRM) INF	ORMATION	•
B1. NFIP Community Name & Co Sarasota County 125144	ommunity Number		B2. County Sarasota	Name		B3. State Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	M Panel ective/ rised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
125144C0139 F	11-04-2016	11-04-2		AE	11	
B10. Indicate the source of the E					in Item B9:	
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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						

ELEVATION CERTIFICATE

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. 113 Sandy Hook Road South			y Number:		
City State Sarasota Florida	ZIP Code 34242	Com	pany NAIC Number		
SECTION C – BUILDING ELEVA	TION INFORMATION (SURVEY REQUIR	RED)		
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. 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 of Benchmark Utilized: NGS #R79	Vertical Datum: NAVD		only, chief meters.		
Indicate elevation datum used for the elevations in items	a) through h) below.				
☐ NGVD 1929 🗷 NAVD 1988 ☐ Other/Source	be:				
Datum used for building elevations must be the same as	that used for the BFE.	C	heck the measurement used.		
a) Top of bottom floor (including basement, crawlspace,	or enclosure floor)	6.0			
b) Top of the next higher floor		12.5	x feet meters		
c) Bottom of the lowest horizontal structural member (V	Zones only)	N/A	☐ feet ☐ meters		
d) Attached garage (top of slab)		N/A	feet meters		
e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Comment and location	g the building ts)	N/A	feet meters		
f) Lowest adjacent (finished) grade next to building (LA	G)	5.6	☐ feet ☐ meters		
g) Highest adjacent (finished) grade next to building (HA	(G)	6.0	☐ feet ☐ meters		
b) Lowest adjacent grade at lowest elevation of deck or structural support		N/A	☐ feet ☐ meters		
SECTION D - SURVEYOR, ENG	GINEER, OR ARCHITE	CT CERTIFICATI	ON		
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 license	ed land surveyor? 🗵 Y	es 🗆 No 🗀	Check here if attachments.		
	ense Number SM 3868		MILLI		
			NOCE & WILL		
Title Professional Surveyor & Mapper			AIR PIACE		
Company Name Weber Engineering & Surveying, Inc.		100 100 100 100	Mo 3900 V E		
Address 4596 Ashton Road		100	STATAO		
City Starasota Flo	ate ZIP 0 orida 3423		SURVEYOR IN		
The state of the s	$\sqrt{24}$ (941)	phone Ext 921-3914			
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)					
A5 - LAT/LONG FROM FEMA INTERACTIVE MAP					

ELEVATION CERTIFICATE

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:
City	ate	ZIP Code	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.			
E1. Provide elevation information for the following and of the highest adjacent grade (HAG) and the lowest ad a) Top of bottom floor (including basement,	heck the appropriate ljacent grade (LAG).	boxes to show whether	r the elevation is above or below
crawlspace, or enclosure) is		feet mete	rs above or below the HAG.
 b) 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 S	ection 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 mete	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 above or below the HAG.
E5. Zone AO only: If no flood depth number is available		tom floor elevated in ac	
SECTION F - PROPERTY OWN	ER (OR OWNER'S F	REPRESENTATIVE) C	ERTIFICATION
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sec statements in Secti	tions A, B, and E for Zoons A, B, and E are co	one A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Name			
Address	City	St	ate ZIP Code
Signature	Date	Te	elephone
Comments			
			Check here if attachments.

ELEVATION CERTIFICATE

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:
City	State	ZIP Code		Company NAIC Number
SECTIO	N G - COMMUN	ITY INFORMATION (OPTIC	DNAL)	
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. Comp			
G1. The information in Section C was tak engineer, or architect who is authoriz 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 Permi	t Issued		ate Certificate of ompliance/Occupancy Issued
G7. This permit has been issued for: New Construction Substantial Improvement				
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		
Signature		Date		
Comments (including type of equipment and loc	cation, per C2(e), i	if applicable)		
				Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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 E	Box No. Policy Number:
City Ctata 710 Ctata	Company MAIC Noveler
City State ZIP Code	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rea "Left Side View." When applicable, photographs must show the foundation with repr vents, as indicated in Section A8. If submitting more photographs than will fit on this page	r View"; and, if required, "Right Side View" and resentative examples of the flood openings or
Photo One	
Photo One	
Photo One Caption	Clear Photo One
Photo Two	
Photo Two	
Photo Two Caption	Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the corresponding infor	mation from Section A.	FOR INSURANCE COMPANY USE	 E
Building Street Address (including Apt., Unit, Suite, and/or Bldg.	Policy Number:		
City State	ZIP Code	Company NAIC Number	
If submitting more photographs than will fit on the preceding with: date taken; "Front View" and "Rear View"; and, if representative examples to the submitted of the photographs must show the foundation with representative examples.	equired, "Right Side View" and "L	eft Side View." When applicable,	
Ph	noto Three		
	Photo Three		
Photo Three Caption		Clear Photo Three	эе
Pl	hoto Four		
Photo Four Caption	Photo Four	Clear Photo Fou	ur