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

OMB Control No. 1660-0008 Expiration Date, 06/30/2026

2401.1004EC

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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 INSURANCE COMPANY USE | | | |
|--|-------------------------------|--|--|--|
| A1. Building Owner's Name: | Policy Number: | | | |
| 22. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: Company NAIC Number: | | | | |
| City: ENGLEWOOD State: FLORIDA | ZIP Code: 34223 | | | |
| A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nu | mber: | | | |
| 0485101049 | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL | | | | |
| A5. Latitude/Longitude: Lat. 27,0015934 N Long. 82,3762849 W Horizontal Datum: | NAD 1927 NAD 1983 WGS 84 | | | |
| A6. Attach at least two and when possible four clear photographs (one for each side) of the building | ng (see Form pages 7 and 8). | | | |
| A7. Building Diagram Number: 5 | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | |
| a) Square footage of crawlspace or enclosure(s): N/A sq. ft. | | | | |
| b) Is there at least one permanent flood opening on two different sides of each enclosed area | ? Yes No X N/A | | | |
| c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 for Non-engineered flood openings: N/A Engineered flood openings: N/A | ot above adjacent grade: | | | |
| d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in. | | | | |
| e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instruct | tions): N/A sq. ft. | | | |
| f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft. | | | | |
| A9. For a building with an attached garage: | | | | |
| a) Square footage of attached garage: N/A sq. ft. | | | | |
| b) Is there at least one permanent flood opening on two different sides of the attached garage | e? Yes No X N/A | | | |
| c) Enter number of permanent flood openings in the attached garage within 1.0 foot above at Non-engineered flood openings: N/A Engineered flood openings: N/A | djacent grade: | | | |
| d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in. | | | | |
| e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruc | stions): N/A sq. ft. | | | |
| f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft. | | | | |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFO | DRMATION | | | |
| B1.a. NFIP Community Name: SARASOTA COUNTY B1.b. NFIP Community Id | dentification Number: 125144 | | | |
| B2. County Name: SARASOTA B3. State: FLORIDA B4. Map/Panel No. | : 12115C - 0344 B5. Suffix: = | | | |
| B6. FIRM Index Date: 11/4/2016 B7. FIRM Panel Effective/Revised Date: 11/ | | | | |
| B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, us | e Base Flood Depth): 11 | | | |
| B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: FIS X FIRM Community Determined Other: | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Oth | ner/Source: | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Proceedings of the Designation Date: CBRS OPA | | | | |
| B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes | X No | | | |

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box N | lo.: FOR | INSURANCE COMPANY USE |
|---|--------------------|--|
| 1891 ENGLEWOOD ROAD #49 | Policy | / Number: |
| City: ENGLEWOOD State: FLORIDA ZIP Code: 34223 Cor | | pany NAIC Number: |
| SECTION C - BUILDING ELEVATION INFORMATION (S | URVEY REQU | IIRED) |
| C1. Building elevations are based on: Construction Drawings* Building Under *A new Elevation Certificate will be required when construction of the building is comp | | X Finished Construction |
| C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), A A99. Complete Items C2.a–h below according to the Building Diagram specified in Ite | m A7. In Puerto | , AR/A1–A30, AR/AH, AR/AO, Rico only, enter meters. |
| Benchmark Utilized: H734; DM8507; 10.07 Vertical Datum: NAVD | 88 | |
| Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 X NAVD 1988 Other: | | |
| Datum used for building elevations must be the same as that used for the BFE. Conversion If Yes, describe the source of the conversion factor in the Section D Comments area. | n factor used? | Yes No Check the measurement used: |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | 13.2 | x feet meters |
| b) Top of the next higher floor (see Instructions): | N/A | X feet meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | | X feet meters |
| d) Attached garage (top of slab): | N/A N/A | x feet meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building | WA | |
| (describe type of M&E and location in Section D Comments area): | 13.0 | x feet meters |
| f) Lowest Adjacent Grade (LAG) next to building: Natural X Finished | 9.2 | X feet meters |
| g) Highest Adjacent Grade (HAG) next to building: Natural X Finished | 9.8 | X feet meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | 9.7 | X feet meters |
| SECTION D - SURVEYOR, ENGINEER, OR ARCHITEC | T CERTIFICA | TION |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect auth information. I certify that the information on this Certificate represents my best efforts to infalse statement may be punishable by fine or imprisonment under 18 U.S. Code, Section | terpret the data a | aw to certify elevation available. I understand that any |
| Were latitude and longitude in Section A provided by a licensed land surveyor? | X No | |
| Check here if attachments and describe in the Comments area. | | |
| Certifier's Name: RON WALLING License Number: LS6473 | | Marian Managara |
| Title: PROFESSIONAL SURVEYOR AND MAPPER | | WALOWALD W. WALL |
| Company Name: EXACTA LAND SURVEYORS, LLC | | LS 6473 % C. |
| Address: 131 WEST BROADWAY STREET, SUITE 1001 | | Torold Q. Walling |
| City: OVIEDO State: FL ZIP Code: 32 | 765 | STATE OF FLORIDA SURVEYOR ALL S |
| Rould W. welling | | SURVEYOR MINING |
| Signature: Date: 1/12/20 | 24 | Data of Fonds Professional Surveyor and Napper |
| Telephone: P; (866)735-1916 | | Exacts Land Surveyors, LLC (LB# 8291 |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) in | insurance agent/o | company, and (3) building owner. |
| Comments (including source of conversion factor in C2; type of equipment and location po | er C2.e; and des | cription of any attachments): |
| NOTE: C2.E = AC UNIT PAD. NOTE: THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE CERTIFICATE. THIS CERTIFICATE IS FOR FLOOD INSURANCE PURPOSES ONLY. | HE PERSON OR PE | ERSONS NAMED ON THIS |
| CENTERLINE ROAD ELEVATION: 9.4 | | |

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IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

| Section E - Building Measurement Information (Survey Not Required in the Certificate is intended to support a Letter of Map Change request, complete Items E1-E5. For Items E1-E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters. Building measurements are based on: Construction Drawings' Building Under Construction' Finished Construction 'A new Elevation Certificate will be required when construction of the building is complete. E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG. a) Top of bottom floor (including basement, craw/space, or enclosure) is: NIA | Building Street Address (including Apt., Unit, Suite, | and/or Bldg. No.) o | or P.O. Route | and E | Box N | o.: | FOR INSURA | ANCE COMPANY USE |
|--|--|---|--------------------------------|-----------------|----------------|------------------------|---|---|
| SECTION E - BUILDING MEASUREMENT (INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE) For Zones AO, AR/AO, and A (without BFE), complete Items E1-E5. For Items E1-E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Ricco only, enter meters are based on: Construction Drawings' Building Under Construction' Finished Construction 'A new Elevation Certificate will be required when construction of the building is complete. E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG. a) Top of bottom floor (including basement, crawlspace, or enclosure) is: NA | 1891 ENGLEWOOD ROAD #49 | | | | | | Policy Numbe | r |
| FOR ZONE AO, ANAO, and A (without BFE), complete Items E1-E3, For Items E1-E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters. Building measurements are based on: | City: ENGLEWOOD | State: FLORIDA | _ ZIP Code: | 3422 | 23 | | Company NAI | C Number: |
| intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerfo Rico only, enter meters meters. Building measurements are based on: | | | | | | | | ED) |
| A new Elevation Certificate will be required when construction of the building is complete. E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG. a) Top of bottom floor (including basement, crawfspace, or enclosure) is: N/A X feet meters above or below the HAG. | For Zones AO, AR/AO, and A (without BFE), con intended to support a Letter of Map Change requenter meters. | nplete Items E1-E5 lest, complete Sect | 5. For Items tions A, B, ar | E1-E4 | 4, use Chec | e natural k the mea | grade, if availab asurement used | le. If the Certificate is . In Puerto Rico only, |
| a) Top of bottom floor (including basement, crawlspace, or enclosure) is: N/A X feet meters above or below the HAG. | Building measurements are based on: Constant Cons | struction Drawings* | Building is | g Und comp | er Co lete. | onstructio | on' Finishe | d Construction |
| b) Top of bottom floor (including basement, crawlspace, or enclosure) is: N/A X feet | E1. Provide measurements (C.2.a in applicable measurement is above or below the natural | Building Diagram) f HAG and the LAG. | for the follow | ing ar | nd ch | eck the a | ppropriate boxe | s to show whether the |
| crawlspace, or enclosure) is: N/A | Top of bottom floor (including basement, crawlspace, or enclosure) is: | N/A | 🗵 | feet | | meters | above or | below the HAG. |
| next higher floor (C2.b in applicable Building Diagram) of the building is: N/A X feet | Top of bottom floor (including basement, crawlspace, or enclosure) is: | N/A | X | feet | | meters | above or | below the LAG. |
| E3. Attached garage (top of slab) is: N/A X feet | next higher floor (C2.b in applicable | lood openings prov | rided in Secti | on A | Items | 8 and/or | 9 (see pages 1 | |
| E4. Top of platform of machinery and/or equipment servicing the building is: N/A X feet meters above or below the HAG. | Carrier and the Carrier and th | N/A | × | feet | | meters | above or | |
| servicing the building is: NIA | | | 🛚 | feet | | meters | above or | below the HAG. |
| floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G. SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: State: ZIP Code: Date: Felephone: Ext.: Email: | | | X | feet | | meters | above or | below the HAG. |
| The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: State: Date: Felephone: Ext.: Email: | E5. Zone AO only: If no flood depth number is at floodplain management ordinance? Yes | vailable, is the top o | of the bottom | floor The lo | eleva cal o | ited in ac | cordance with the st certify this info | ne community's ormation in Section G. |
| Sign here. The statements in Sections A, B, and E are correct to the best of my knowledge Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: State: Date: Felephone: Ext.: Email: | SECTION F - PROPERTY OWNER | R (OR OWNER'S | AUTHORI | ZED | REP | RESEN | TATIVE) CERT | TIFICATION |
| Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: State: Date: Felephone: Ext.: Email: | The property owner or owner's authorized repres | entative who comp | letes Section | s A, E | 3, and | E for Zo | one A (without B | FE) or Zone AO must |
| Property Owner or Owner's Authorized Representative Name: | <u>-2</u> 7 | | Dest Of High | nowie | euge | | | |
| City: State: ZIP Code: Signature: Date: | Log 10 - 223 Petro 10 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - | | | | | | | |
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| | 010 | TANT. WOST FOLLOW TH | EINSTRUCTIONS | UN PAG | E9 3-13 | 2401.1004EC |
|-------------------|--|--|---|----------------------|-------------------------------|--|
| Buildin | g Street Address (including Apt., Uni NGLEWOOD ROAD #49 | it, Suite, and/or Bldg. No.) or | P.O. Route and Box | No.: | | SURANCE COMPANY USE |
| City: | Y: ENGLEWOOD State: 51 OPIGE 71P Code: 51 OPIGE | | | | MAIC Number: | |
| | SECTION G - COMMUNITY IN | FORMATION (RECOMM | MENDED FOR CO | MMUN | and the same of the same of | |
| The lo Section | cal official who is authorized by law n A, B, C, E, G, or H of this Elevation | or ordinance to administer | the community's floo | ndolain m | anagement o | |
| G1. | The information in Section C or engineer, or architect who is a elevation data in the Commen | vas taken from other docum | entation that has be | en sione | d and sealed | by a licensed surveyor, ource and date of the |
| G2.a. | A local official completed Sect E5 is completed for a building | tion E for a building located located in Zone AO. | in Zone A (without a | BFE), Z | one AO, or Zo | one AR/AO, or when item |
| G2.b. | ☐ A local official completed Sec | tion H for insurance purpose | es. | | | |
| G3. | ☐ In the Comments area of Sect | | | tions to t | he information | n in Sections A, B, E and H. |
| G4. | ☐ The following information (Iter | | | | | |
| G5. | D 1.11 1 | G6. Date Pen | | | | |
| G7. | Date Certificate of Compliance/Oc | | | | | |
| G8. | This permit has been issued for: | ☐ New Construction ☐ S | Substantial Improven | ment | | |
| G9.a. | Elevation of as-built lowest floor (i building: | | en mandri con bastico de pro- | feet | meters | Datum: |
| G9.b. | Elevation of bottom of as-built low member: | est horizontal structural | | feet | meters | Datum: |
| G10.a. | BFE (or depth in Zone AO) of floo | ding at the building site: | | feet | meters | Datum: |
| G10.b. | Community's minimum elevation (requirement for the lowest floor or member: | or depth in Zone AO) lowest horizontal structural | _ |] feet | meters | Datum: |
| G11. | Variance issued? Yes | No If yes, attach documen | tation and describe i | in the Co | mments area | • |
| The loc | cal official who provides information to the best of my knowledge. If ap | n in Section G must sign here plicable, I have also provide | e. I have completed d specific corrections | the informs in the C | nation in Sec Comments are | tion G and certify that it is ea of this section. |
| Local (| Official's Name: | | Title: | | | |
| | Community Name: | | | | | |
| Teleph | | t.: Email: | | | | |
| Addres | s: | | | | | |
| | | | | ate: | ZIP C | ode: |
| Signate | ire: | | Date: | | | |
| Comm | ents (including type of equipment and A, B, D, E, or H): | | | | | to specific information in |
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IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

| Building Street Address (including Apt., U | nit, Suite, and/or Bldg. No.) or P.C |). Route and Box No.: | FOR INSURANCE COMPANY USE | | |
|--|--|--|--|--|--|
| 1891 ENGLEWOOD ROAD #49 | | | Policy Number: | | |
| City: ENGLEWOOD | State: FLORIDA ZIF | P Code: <u>34223</u> | Company NAIC Number: | | |
| | JILDING'S FIRST FLOOR HI Y NOT REQUIRED) (FOR IN | | | | |
| The property owner, owner's authorized to determine the building's first floor heignearest tenth of a foot (nearest tenth of Instructions) and the appropriate Building in the second contractions in the second contractions in the second contractions in the second contractions in the second contraction in | ght for insurance purposes, Secti a meter in Puerto Rico), Referer | ions A, B, and I must also nce the Foundation Type | e Diagrams (at the end of Section H | | |
| H1. Provide the height of the top of the | floor (as indicated in Foundation | Type Diagrams) above to | he Lowest Adjacent Grade (LAG): | | |
| a) For Building Diagrams 1A, 1B floor (include above-grade floors or subgrade crawlspaces or enclosure | nly for buildings with | feet | meters above the LAG | | |
| b) For Building Diagrams 2A, 2B higher floor (i.e., the floor above ba enclosure floor) is: | , 4 , and 6–9 . Top of next sement, crawlspace, or | feet | meters above the LAG | | |
| H2. Is all Machinery and Equipment se H2 arrow (shown in the Foundation Yes No | rvicing the building (as listed in It Type Diagrams at end of Section | em H2 instructions) eleva n H instructions) for the a | ated to or above the floor indicated by the ppropriate Building Diagram? | | |
| SECTION I - PROPERTY | OWNER (OR OWNER'S AU | THORIZED REPRESE | NTATIVE) CERTIFICATION | | |
| The property owner or owner's authorized A, B, and H are correct to the best of my indicate in Item G2.b and sign Section C | y knowledge. Note: If the local flo | | ist sign here. The statements in Sections icial completed Section H, they should | | |
| Check here if attachments are provide | ded (including required photos) a | nd describe each attachm | nent in the Comments area. | | |
| Property Owner or Owner's Authorized | Representative Name: | *** | | | |
| Address: | | | | | |
| City: | | State: | ZIP Code: | | |
| Signature: | | Date: | | | |
| Telephone: | Ext.:Email: | | | | |
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ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

2401.1004EC

| Building Street Address (including Apt. | Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: | FOR INSURANCE COMPANY USE |
|---|---|---------------------------|
| 1891 ENGLEWOOD ROAD #49 | | Policy Number: |
| City: ENGLEWOOD | State: FLORIDA ZIP Code: 34223 | Company NAIC Number: |

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

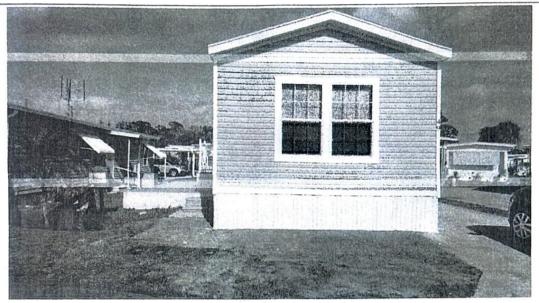


Photo One

Photo One Caption: Front View 01/10/2024

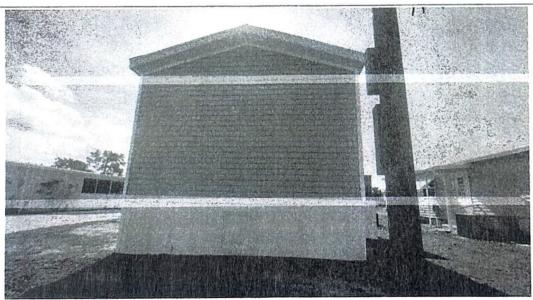


Photo Two

Photo Two Caption: Rear View 01/10/2024

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

Continuation Page

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| the state of the s | | FOR INSURANCE COMPANY USE |
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| 1891 ENGLEWOOD ROAD #49 | | Policy Number: |
| City: ENGLEWOOD | State: FLORIDA ZIP Code: 34223 | Company NAIC Number: |

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

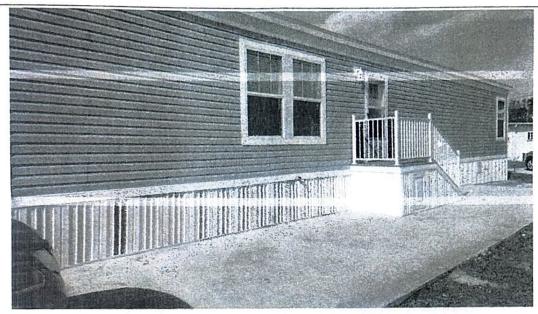


Photo Three

Photo Three Caption: Right Side View 01/10/2024

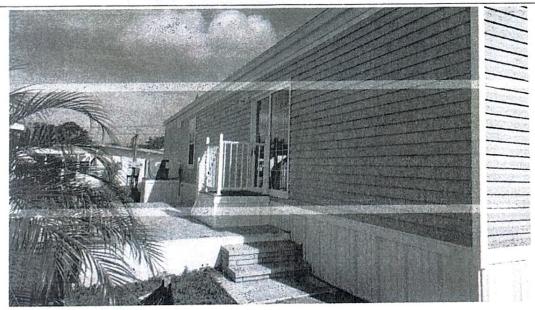


Photo Four

Photo Four Caption: Left Side View 01/10/2024

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: | FOR INSURANCE COMPANY USE |
|---|---------------------------------------|
| 1891 ENGLEWOOD ROAD #49 | Policy Number: |
| City: ENGLEWOOD State: FLORIDA ZIP Code: 34223 | Company NAIC Number: |
| nstructions: Insert below at least two and when possible four photographs showing each side of table to take front and back pictures of townhouses/rowhouses). Identify all photographs with the carried Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings or vents, as indicated in Sections A8 and A | ngs are present, include at least one |
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| Photo Five | |
| Photo Five Caption: | |
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| Photo Six | |

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: | FOR INSURANCE COMPANY USE |
|--|---|
| 1891 ENGLEWOOD ROAD #49 | Policy Number: |
| City: ENGLEWOOD State: FLORIDA ZIP Code: 34223 | Company NAIC Number: |
| Instructions: Insert below at least two and when possible four photographs showing each side of a ble to take front and back pictures of townhouses/rowhouses). Identify all photographs with the of "Right Side View," or "Left Side View." Photographs must show the foundation, When flood openic close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A | date taken and "Front View," "Rear View," |
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| Photo Seven | |
| Photo Seven Caption: | |
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| Photo Eight | |
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