ELEVATION CERTIFICATE	OMB No. 1660-0008
IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.	FOR INSURANCE COMPANY USE
City State ZIP Code	Company NAIC Number
UNITY INFORM	
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.	anagement ordinance can complete n below. Check the measurement
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.)	and sealed by a licensed surveyor, he source and date of the elevation.
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.	A-issued or community-issued BFE)
G3. The following information (Items G4-G10) is provided for community floodplain management purposes	ent purposes.
(G8. Permit Number G5. Date Permit Issued G8. G8.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement	
G8. Elevation of as-built lowest floor (including basement) of the building:	feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at the building site:	☐ meters
G10. Community's design flood elevation:	meters Datum
Local Official's Name Title	
Community Name Telephone	
Signature	
Comments (including type of equipment and location, per C2(e), if applicable)	
7 Too.	
	Check here if attachments.

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.

	-	OHOM A PROPERTY	MORT WIND AND A 1		FOR INSURANCE	FOR INSURANCE COMPANY USE
HAEL W.	THOMPSON TRUST	NST			Policy Number	
A2. Building Street Addr Box No. 448 SORRENTO DRIVE	et Address (i DRIVE	ncluding Apt., Unit, Sı	Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. SORRENTO DRIVE	or P.O. Route and	Company NAIC Number:	Number:
City			State		ZIP Code	
A3. Property Desi	REPLAT C	and Block Numbers, The A PORTION OF SO	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 33, BLOCK E, REPLAT OF A PORTION OF SORRENTO SHORES. TAX ID #0160130010	gal Description, e	Mc.)	
A4. Building Use	e.g., Reside	ntial, Non-Residentia	Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	etc.) RESIDENTIAL	NTIAI	
A5. Latitude/Longitude:	tude: Lat	Lat. 27.16160°	Long82.48118°	1	Horizontal Datum: NAD 1927	V NAD 1093
A6. Attach at least	2 photogra	phs of the building if t	Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance	used to obtain floo		2 200
A7. Building Diagram Number	am Number	B				
AB. For a building	with a crawl	For a building with a crawispace or enclosure(s):				
a) Square foo	tage of crav	Square footage of crawlspace or enclosure(s)		O SQ #		
b) Number of	permanent f	lood openings in the c	rawispace or enclosur	e(s) within 1.0 foo	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade (0
c) Total net ar	ea of flood o	Total net area of flood openings in A8.b	0 sqin			
d) Engineered	Engineered flood openings?	ngs? ☐ Yes ☒ No	No			
A9. For a building with an attached garage:	vith en attac	hed garage:				
 a) Square footage of attached garage 	age of attac	hed garage	1030 sq ft			
b) Number of	permanent fi	ood openings in the a	 Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 	1.0 foot above adj	acent grade 0	
c) Total net an	ea of flood o	Total net area of flood openings in A9.b	0 sq in	5		
d) Engineered flood openings?	flood openi	ngs? ☐ Yes 💢 No	No			
	on.	ECTION 8 - FLOOD	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	MAP (FIRM) INF	ORMATION	100
B1. NFIP Community SARASOTA - 125144	ity Name & (B1. NFIP Community Name & Community Number SARASOTA - 125144	B2. County Name SARASOTA	Name	Fig. 83.	State
84. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)	on(s) e Flood Depth)
12015C-0236	П	11-04-2016	11-04-2016	AE	12:	
B10. Indicate the so	ource of the	Indicate the source of the Base Flood Elevation (BFE) FIS Profile FIRM Community Determined	mined Other/Source:	data or base flood depth entered in Item B9. Other/Source:	in Item B9:	
B11. Indicate eleva	ition datum	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 Reso	ources System (CBRS)	area or Otherwis	Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?	Yes V N
Designation Date:)ate:		☐ CBRS ☐ OPA			[
E	7112					

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company, and (3) building owner.	agent/c	ity official, (2) insurance le)	nd all attachments for (1) commur d location, per C2(e), if applicab	Comments (including type of equipment and location, per C2(e), if applicable) FILE #17-06-06 THE OLITICIDE A/C LINIT ON THE INFORTED YOUR DESIGNATION OF STREET OF THE OLITICIDE A/C LINIT ON THE INFORTED YOUR DESIGNATION OF STREET OF THE OLITICIDE A/C LINIT ON THE INFORTED YOUR DESIGNATION OF THE INFORMATION
	EX	Telephone (941) 497-1290	Date 06-24-2019	Copy all portrains The Transits
<i>x</i>		ZIP Code 34293	State Florida	VENICE
2 Tiere	۷,			Address 742 SHAMROCK BLVD
Clace?	riude. Lie Si		INC.	Company Name STRAYER SURVEYING AND MAPPING, INC
> 8				Title PSM/CFM
On the state of th			License Number 5228	Certifier's Name B. GREGORY RIETH
understand that any false Check here if attachments.	lable. I	yor? X Yes No	rate represents my best efforts to prisonment under 18 U.S. Code rovided by a licensed land surve	Statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1991. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here No Check
	FICATI	ARCHITECT CERTI	one and sealed by a land surveyor, engineer, or another sufficited by law to ca	This certification is to be signed and seale
_ X feet _ meters	10.5	ng	levation of deck or stairs, includ	structural support
_ X feet	13.7		next to building (HAG)	
✓ feet	9.1		next to building (LAG)	
X feet ☐ meters	14.2		equipment servicing the building ocation in Comments)	_
	13.1			
X feet meters	N/A		ructural member (V Zones only)	
	15.3	floor)	ement, crawispace, or enclosure	 a) top or bettom floor (including basement, crawispace, or enclosure floor) b) Top of the next higher floor
Check the measurement used.	0	the BFE.	ust be the same as that used fo	
) below.	elevations in items a) through h	Indicate elevation datum used for the elevations in items a) through h) below. I NGVD 1929 X NAVD 1988 Dither/Source:
AR/A1-A30, AR/AH, AR/AO. So only, enter meters.	RIAE, A	-V30, V (with BFE), AR, AR/A, A gram specified in Item A7. In Put Vertical Datum: NGVD1929	ding to the building diagram spe	
1° X Finished Construction	buction	☐ Building Under Construction* ■ building is complete.	Construction Drawings* [equired when construction of the	*A new Elevation Certificate will be required when construction of the building under Co
RED)	REQUI	KHATION (SIJENEY	BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	SECTION C -
Company NAIC Number	CO	ZIP Code 34229	State Florida	NOKOMIS
Policy Number:	Po	O. Route and Bex No.	it, Suite, and/or Bidg. No.) or P.	Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No SORRENTO DRIVE
		m Section A	corresponding information fro	IMPORTANT: In these spaces, copy the corresponding information from Section A.

OMB No. 1660-0008 Expiration Date: November 3

	The second secon	Expression Late: November 30, 2018
Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. SORRENTO DRIVE	Route and Box No.	FOR INSURANCE COMPANY USE Policy Number:
City State NOKOMIS Florida	ZIP Code 34229	Company NAIC Number
SECTION E — BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)	ATION (SURVEY NOT	REQUIRED)
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, crawispace, or enclosure) is b) Top of bottom floor (including basement, crawispace, or enclosure) is	is intended to support a lible. Check the measurem boxes to show whether library feet meters	a LOMA or LOMR-F request, ment used. In Puerto Rico only, if the elevation is above or below is above or below the HAG.
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section 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	ection A Items 8 and/or 9	9 (see pages 1–2 of Instructions),
E3. Attached garage (top of slab) is		above or Delow the DAG.
E4. Top of platform of machinery and/or equipment servicing the building is		
E5. Zone A0 only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section	tom floor elevated in acc The local official must of	cordance with the community's certify this information in Section G.
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a F community-assued BFE) or Zone AO must ston here. The statement in Societies A, B, and E for Zone A (without a F	REPRESENTATIVE) CE	RTIFICATION ne A (without a FEMA-Issued or
Property Owner or Owner's Authorized Representative's Name City	State	ite ZIP Code
Signature	Tel	Telephone
Comments		
	*	
		Check here if attachments.

BUILDING PHOTOGRAPHS

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.

Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. SORRENTO DRIVE

FOR INSURANCE COMPANY USE Policy Number:

Florida State

34229

NOKOMIS

ZIP Code

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" at "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings vents, as indicated in Section A6. If submitting more photographs than will fit on this page, use the Continuation Page. and the



Photo One Caption

Clear Photo One



Photo Two Caption

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

Replaces all previous editions.

Clear Photo Two

BUILDING PHOTOGRAPHS

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 Bidg. No.) or P.O. Route and Box No.

SORRENTO DRIVE

Policy Number: FOR INSURANCE COMPANY USE

NOKOMIS

State

Florida

34229 ZIP Code

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

SIDE VIEW 08/24/2019

Clear Photo Three

Photo Four Caption

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

Replaces all previous editions

SIDE VIEW 08/24/2019

Clear Photo Four

Form Page 6 of 6