

ELEVATION CERTIFICATE

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

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. 189 South Venice Blvd	Policy Number:		
City Venice	State Florida	ZIP Code 34293	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

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 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 20-167444 BA	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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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: _____ 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.

Department of the Treasury

Supplemental information (attach to Form 1041 and file with your return)

1. **Supplemental information** (attach to Form 1041 and file with your return)

2. **Supplemental information** (attach to Form 1041 and file with your return)

3. **Supplemental information** (attach to Form 1041 and file with your return)

4. **Supplemental information** (attach to Form 1041 and file with your return)

5. **Supplemental information** (attach to Form 1041 and file with your return)

6. **Supplemental information** (attach to Form 1041 and file with your return)

7. **Supplemental information** (attach to Form 1041 and file with your return)

8. **Supplemental information** (attach to Form 1041 and file with your return)

9. **Supplemental information** (attach to Form 1041 and file with your return)

10. **Supplemental information** (attach to Form 1041 and file with your return)

11. **Supplemental information** (attach to Form 1041 and file with your return)

12. **Supplemental information** (attach to Form 1041 and file with your return)

13. **Supplemental information** (attach to Form 1041 and file with your return)

14. **Supplemental information** (attach to Form 1041 and file with your return)

SECTION 6 - SUPPLEMENTAL INFORMATION (continued)

15. **Supplemental information** (attach to Form 1041 and file with your return)

16. **Supplemental information** (attach to Form 1041 and file with your return)

17. **Supplemental information** (attach to Form 1041 and file with your return)

18. **Supplemental information** (attach to Form 1041 and file with your return)

19. **Supplemental information** (attach to Form 1041 and file with your return)

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 INSURANCE COMPANY USE
A1. Building Owner's Name John Samuel Murray and Sharon Ann Murray		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 189 South Venice Blvd		Company NAIC Number:
City Venice	State Florida	ZIP Code 34293
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 4121, 4122 & 4123 South Venice Unit 15 Sarasota County Parcel #0458020003		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Accessory - Detached Garage</u>		
A5. Latitude/Longitude: Lat. <u>27°02'57.7"</u> Long. <u>-82°24'32.8"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>1A</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>		
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage <u>N/A</u> sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>		
c) Total net area of flood openings in A9.b <u>N/A</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Sarasota County 125144		B2. County Name Sarasota		B3. State Florida	
B4. Map/Panel Number 12115C0341	B5. Suffix F	B6. FIRM Index Date 11-04-2016	B7. FIRM Panel Effective/ Revised Date 11-04-2016	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 12
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

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City Venice	State Florida	ZIP Code 34293	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: Sarasota County B.M. #458 Vertical Datum: NAVD88 (Elev.=+12.08)

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | | |
|---|-------|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | _____ | 13.1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | _____ | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | _____ | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | _____ | 12.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | _____ | 12.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | _____ | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 Check here if attachments.

Certifier's Name David B Shremshock	License Number PSM 5637		
Title President			
Company Name Shremshock Surveying, Inc.			
Address 5265 Alamedos Terrace			
City North Port	State Florida		ZIP Code 34288
Signature 	Date 07-06-2021	Telephone (941) 423-8875	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)

This is a 644 Sq Ft Stand alone detached garage
Line C2e) No Electricity or plumbing
Additional photos available upon request
Field Book 383 Page 47

IMPORTANT: Please attach copy of elevation certificate to the building permit application.

Building Address (including Apt. Unit, Suite, and/or Box No.): 129 South Venice Blvd
 City: Venice
 State: Florida
 ZIP Code: 33598
 Company Name: _____
 Company NAIC Number: _____

SECTION B - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Building elevation certificate is based on: Current information Current information and based on _____
 A new Elevation Certificate will be required when a new building is constructed or when an existing building is substantially altered.

Elevations - Zones A1-A30, A4, A5, A6, A7, A8, A9, A10, A11, A12, A13, A14, A15, A16, A17, A18, A19, A20, A21, A22, A23, A24, A25, A26, A27, A28, A29, A30, A31, A32, A33, A34, A35, A36, A37, A38, A39, A40, A41, A42, A43, A44, A45, A46, A47, A48, A49, A50, A51, A52, A53, A54, A55, A56, A57, A58, A59, A60, A61, A62, A63, A64, A65, A66, A67, A68, A69, A70, A71, A72, A73, A74, A75, A76, A77, A78, A79, A80, A81, A82, A83, A84, A85, A86, A87, A88, A89, A90, A91, A92, A93, A94, A95, A96, A97, A98, A99, A100, A101, A102, A103, A104, A105, A106, A107, A108, A109, A110, A111, A112, A113, A114, A115, A116, A117, A118, A119, A120, A121, A122, A123, A124, A125, A126, A127, A128, A129, A130, A131, A132, A133, A134, A135, A136, A137, A138, A139, A140, A141, A142, A143, A144, A145, A146, A147, A148, A149, A150, A151, A152, A153, A154, A155, A156, A157, A158, A159, A160, A161, A162, A163, A164, A165, A166, A167, A168, A169, A170, A171, A172, A173, A174, A175, A176, A177, A178, A179, A180, A181, A182, A183, A184, A185, A186, A187, A188, A189, A190, A191, A192, A193, A194, A195, A196, A197, A198, A199, A200, A201, A202, A203, A204, A205, A206, A207, A208, A209, A210, A211, A212, A213, A214, A215, A216, A217, A218, A219, A220, A221, A222, A223, A224, A225, A226, A227, A228, A229, A230, A231, A232, A233, A234, A235, A236, A237, A238, A239, A240, A241, A242, A243, A244, A245, A246, A247, A248, A249, A250, A251, A252, A253, A254, A255, A256, A257, A258, A259, A260, A261, A262, A263, A264, A265, A266, A267, A268, A269, A270, A271, A272, A273, A274, A275, A276, A277, A278, A279, A280, A281, A282, A283, A284, A285, A286, A287, A288, A289, A290, A291, A292, A293, A294, A295, A296, A297, A298, A299, A300, A301, A302, A303, A304, A305, A306, A307, A308, A309, A310, A311, A312, A313, A314, A315, A316, A317, A318, A319, A320, A321, A322, A323, A324, A325, A326, A327, A328, A329, A330, A331, A332, A333, A334, A335, A336, A337, A338, A339, A340, A341, A342, A343, A344, A345, A346, A347, A348, 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A847, A848, A849, A850, A851, A852, A853, A854, A855, A856, A857, A858, A859, A860, A861, A862, A863, A864, A865, A866, A867, A868, A869, A870, A871, A872, A873, A874, A875, A876, A877, A878, A879, A880, A881, A882, A883, A884, A885, A886, A887, A888, A889, A890, A891, A892, A893, A894, A895, A896, A897, A898, A899, A900, A901, A902, A903, A904, A905, A906, A907, A908, A909, A910, A911, A912, A913, A914, A915, A916, A917, A918, A919, A920, A921, A922, A923, A924, A925, A926, A927, A928, A929, A930, A931, A932, A933, A934, A935, A936, A937, A938, A939, A940, A941, A942, A943, A944, A945, A946, A947, A948, A949, A950, A951, A952, A953, A954, A955, A956, A957, A958, A959, A960, A961, A962, A963, A964, A965, A966, A967, A968, A969, A970, A971, A972, A973, A974, A975, A976, A977, A978, A979, A980, A981, A982, A983, A984, A985, A986, A987, A988, A989, A990, A991, A992, A993, A994, A995, A996, A997, A998, A999, A1000.

Indicate elevation datum used for the elevations in foot(s) and inch(es) below:
 Mean Sea Level (MSL) NAVD 83 CGVD 68 Other: _____

Datum used for building elevations must be the same as that used for the DME.

Check the measurement type:

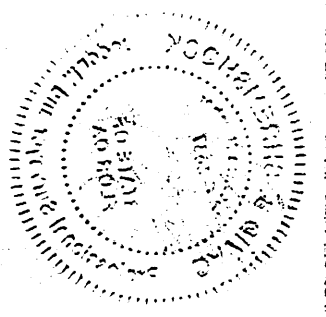
Top of bottom floor (including basement, crawlspace, or exclusive floor)	test	<input type="checkbox"/>
Top of the next higher floor	test	<input type="checkbox"/>
Bottom of the lowest finished structural member (V-Zone only)	test	<input type="checkbox"/>
Finished grade (top of slab)	test	<input type="checkbox"/>
Lowest elevation of attachment of equipment to building (Elevations in Comments)	test	<input type="checkbox"/>
Lowest adjacent finished ground to building (FAG)	test	<input type="checkbox"/>
Lowest adjacent grade at lowest elevation of each of areas including structural supports	test	<input type="checkbox"/>

SECTION C - SURVEYOR INFORMATION OR ARCHITECT INFORMATION

This certificate is to be signed and sealed by a land surveyor or architect licensed by law to certify elevation information. I certify that the information on this certificate was prepared by me or under my direct supervision and that my license number is _____.

When funds are provided by a license fund surveyor: Yes No Other: _____

Signature	Date	Telephone
_____	07-23-2001	(407) 423-8078
City	State	ZIP Code
_____	_____	34282
Street Address	City	State
_____	_____	_____
Professional Seal	Professional Seal	Professional Seal
_____	_____	_____
Professional Seal	Professional Seal	Professional Seal
_____	_____	_____



Copy all pages of this Elevation Certificate and all attachments to the building owner and the building official. (If the building owner is not the building official, the building official must be notified.)

Comments, including type of equipment and location, are required. (If applicable.)

This is a Part of the Floodplain Elevation Certificate.

The user may elect to print additional pages available upon request.

Field Book 088-0-03 Page 01

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City Venice	State Florida	ZIP Code 34293	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–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 meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- 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 _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO 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 G.

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.

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

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City Venice	State Florida	ZIP Code 34293	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

Photo One Caption

Front View

Clear Photo One



Photo Two

Photo Two Caption

Left Side View

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 189 South Venice Blvd			Policy Number:
City Venice	State Florida	ZIP Code 34293	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

Photo Three Caption

Rear View

Clear Photo Three



Photo Four

Photo Four Caption

Right Side View

Clear Photo Four