

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: <u>RICHARD D. LAKE REVOCABLE LIVING TRUST</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>20 SOUTHWIND DRIVE</u>	Company NAIC Number: _____
City: <u>ENGLEWOOD</u> State: <u>FLORIDA</u> ZIP Code: <u>34223</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 26, SOUTH WIND HARBOR SUBDIVISION</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>26.96255N.</u> Long. <u>-82.36769W.</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>5</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) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>	
d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.	
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: <u>N/A</u> sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>	
d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.	
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>SARASOTA COUNTY</u>	B1.b. NFIP Community Identification Number: <u>125144</u>
B2. County Name: <u>SARASOTA</u>	B3. State: <u>FLORIDA</u> B4. Map/Panel No.: <u>12115C0453F</u> B5. Suffix: <u>F</u>
B6. FIRM Index Date: <u>11-04-2016</u>	B7. FIRM Panel Effective/Revised Date: <u>11-04-2016</u>
B8. Flood Zone(s): <u>AE & VE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>12 & 13</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
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	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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20 SOUTHWIND DRIVE

City: ENGLEWOOD State: FLORIDA ZIP Code: 34223

FOR INSURANCE COMPANY USE

Policy Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: COUNTY BENCH MARK SYSTEM Vertical Datum: 1988 N.A.V.D.

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

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 18.7 feet meters

b) Top of the next higher floor (see Instructions): N/A feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): 18.2 feet meters

d) Attached garage (top of slab): N/A feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 14.2 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 4.8 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished 5.1 feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 5.3 feet 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 state 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 and describe in the Comments area.

Certifier's Name: BRUCE LINDH License Number: P.L.S. #4306

Title: LAND SURVEYOR

Company Name: BRUCE LINDH LAND SURVEYOR

Address: 1380 CAMBRIDGE DRIVE

City: VENICE State: FLORIDA ZIP Code: 34293

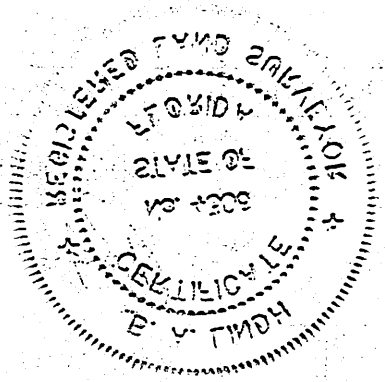
Signature: BRUCE LINDH Digitally signed by BRUCE LINDH Date: 2023.12.05 14:08:42 -05'00' Date: 12-5-2023

Telephone: 941-496-7828 Ext.: _____ Email: blindh@verizon.net



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):
(2) A/C'S ON ELEVATED ON METAL DECK UNDER BUILDING.. LATITUDE AND LONGITUDE BY : LATLONG.NET



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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 No.:

20 SOUTHWIND DRIVE

City: ENGLEWOOD

State: FLORIDA ZIP Code: 34223

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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 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, 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 (C.2.b in applicable Building Diagram) 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 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: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

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 No.:

20 SOUTHWIND DRIVE

City: ENGLEWOOD

State: FLORIDA ZIP Code: 34223

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: Ember Dunn Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature:  Date: 12/26/2023

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

X

X

Ember Dawn

Ember Dawn

12/26/2003

ELEVATION CERTIFICATE

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20 SOUTHWIND DRIVE

City: ENGLEWOOD

State: FLORIDA ZIP Code: 34223

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION H - BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). *Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.*

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5-9. Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6-9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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.:
20 SOUTHWIND DRIVE

FOR INSURANCE COMPANY USE

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- NORTH SIDE

Clear Photo One



Photo Two

Photo Two Caption: EAST SIDE

Clear Photo Two

ELEVATION CERTIFICATE
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BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

20 SOUTHWIND DRIVE

City: ENGLEWOOD

State: FLORIDA ZIP Code: 34223

FOR INSURANCE COMPANY USE

Policy Number: _____

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 Capt

Photo Three

(TOP PHOTO)
 A/c's
 12/20/23
 BJ

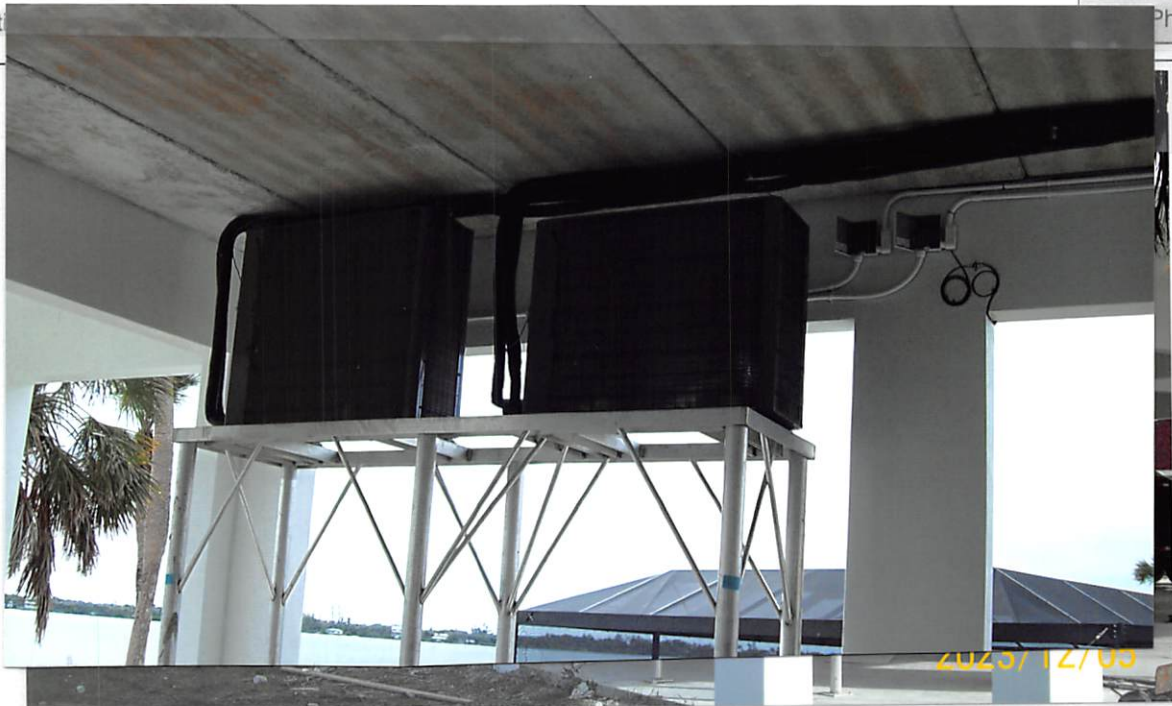


Photo Four

Photo Four Caption: WEST SIDE

Clear Photo Four



Coastal High Hazard Area (VE and CCCL) Certificate

PLANNING AND DEVELOPMENT SERVICES

1001 Sarasota Center Blvd., Sarasota, FL 34240 - (941)861-6678
4000 S. Tamiami Trail, Rm. 122, Venice FL 34293 - (941)861-3029

This form is required for New Construction and Substantial Improvements to structures in FEMA zone VE, Coastal A Zones, and seaward of the FDEP Coastal Construction Control Line (CCCL)

Name: RICHARD LAKE Permit Number: 21 129957 00 B1

Street Address: 20 SOUTHWIND DRIVE Parcel ID#: 0497130036

City: ENGLEWOOD State: FL Zip: 34223

SECTION 1: - FEMA Flood Insurance Rate Map (FIRM) and FDEP 100-yr Storm Elevation Information:

NFIP Community Number	FIRM Panel	Suffix	FIRM Index Date	Flood Zone(s)	Base Flood Elevation	FDEP 100-year Storm Elevation	FDEP Design Grade
125144	0453	F	11/4/16	AE12 VE13	13	-	-

Coastal A Zone (CAZ)? Yes No

SECTION 2 - Design Elevation Information

- a) Bottom of Lowest Horizontal Structural Member 16.71 ft. NAVD 1988
- b) Elevation Requirement 14.0 ft. NAVD 1988
- c) Elevation of Highest Adjacent Grade 4.5 ft. NAVD 1988
- d) Elevation of Lowest Adjacent Grade 4.5 ft. NAVD 1988
- e) Elevation of Bottom of Pilings or Foundation -30.5 ft. NAVD 1988
- f) Elevation of Top of Pile Cap or Grade Beam 4.17 ft. NAVD 1988

SECTION 3 - Certification Statement (Registered engineer or architect to sign and seal SECTION 5)

I certify that based upon development and/or review of structural design specifications, and plans for construction including consideration of the hydrostatic, hydrodynamic, and impact loading involved, that the designs and methods of construction are in accordance with the requirements of Florida Building Code Sections 3109 and 1612; 44 CFR 60.3(a)(3), 44 CFR 60.3(e)(4), and 44 CFR 60.3(e)(5); and Sarasota County Code Article XVI (Floodprone Areas):

The elevation of the bottom of the lowest horizontal structural member supporting the lowest floor (excluding the pilings or columns) is elevated to or above the elevation specified by ASCE 24-14, the Sarasota County Floodprone Areas Ordinance, or the 100-yr storm elevation specified by FDEP whichever is higher.

The pile or column foundation, pile cap and/or grade beam, and structure attached thereto is anchored to resist flotation, collapse and lateral movement due to the effects of wind and water loads associated with the design flood loads as determined according to Chapter 5 of ASCE 7 acting simultaneously on all of the structural components, and the requirement of ASCE 24-14 Chapter 4.

PLANNING AND DEVELOPMENT SERVICES

The tops of Grade Beams and Pile Caps shall be at or below the natural grade and designed and constructed in accordance with ASCE 24-14 Sections 4.5.9 and 4.5.10. Seaward of the CCCL the tops of Grade Beams and Pile Caps must be at or below the FDEP determined design grade, unless designed to resist the increased flood loads associated with setting the grade beam or pile cap above the FDEP design grade.

In Coastal A Zones (CAZ) stem walls supporting a floor system above and backfilled with soil or gravel to the underside of the floor system above shall be permitted in accordance with the provisions of ASCE 24-14 Section 4.5.13.

SECTION 4 – Free of Obstruction Certification Statement (Registered engineer or architect to sign and seal SECTION 5)

I certify that based upon the development and/or review of structural design, specifications and plans for subject construction that the space below the lowest horizontal structural member shall be free of obstruction or constructed with breakaway walls, open wood lattice or louvers constructed in accordance with FEMA Technical Bulletin 5 guidance, or insect screening intended to collapse under wind and water loads without causing collapse, displacement, or other structural damage to the elevated portion of building or supporting foundation system. Design and construction shall be in accordance with requirements of Florida Building Code Sections 1612, 3109, and R322, ASCE 24-14, ASCE 7, and the Sarasota County Code Article XVI:

If access stairs or ramps are constructed inside a breakaway enclosure an entry door shall be required at the top of the stairs. Stairs and ramps shall be constructed and designed to resist the flood loads up to the design flood. The elevated building and its foundation must be designed to resist loads that are transferred from the stairs or ramps.

The use of enclosures below the lowest floor is restricted to parking of vehicles, access, or storage; lower areas must not be finished or used for any other purpose. Breakaway walls shall have flood openings as specified by ASCE 24 and Sarasota County Code Article XVI. In Zone VE the enclosure area shall be limited to no greater than 299 square feet, or subject to approval by the Floodplain Administrator for multi-unit buildings enclosures of up to 20% of the footprint area of structure may be allowed.

“Breakaway Wall” means any type of wall subject to flooding that is not required to provide structural support to a building or other structure and that is designed and constructed such that, under base flood or lesser flood conditions, it will collapse in such a way that: (1) it allows the free passage of floodwaters, and (2) it does not damage the structure or supporting foundation system. Attendant utilities and equipment shall not be mounted on, pass through, or be located along breakaway walls.

SECTION 5- Certification

Certifier's Name: TIMOTHY A. KREBS Title: ARCHITECT
License Number: AR0009168 Company Name: ARCHITECT T.A. KREBS, LLC.
Street Address: 1460 S. McCALL RD. EDGEWATER CENTER SUITE 4A
City: ENGLEWOOD State: FL Zip Code: 34223
Telephone Number: 941-475-7327 Fax: 941-474-0383

Signature: 

Seal:

