

**ELEVATION CERTIFICATE**

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13096 STEINHATCHEE LOOP			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 <b>20-136536 B1</b>	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.

ELEVATION CERTIFICATE

Form 068-102 (Rev. 03/2021)  
 Expires 03/31/2023

PREPARE: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, a rooming house or P.O. Box) and Box No. 13000 STEINWAY BLVD LOOP	
City State ZIP Code	County and Parcel Number Utility Number

SECTION B - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to enforce the community information requirements of this certificate is provided in Section A. The local official who is authorized by law or ordinance to enforce the requirements of this certificate is provided in Section A. The local official who is authorized by law or ordinance to enforce the requirements of this certificate is provided in Section A.

91. The information in Section C was taken from other information that has been signed and sealed by a licensed surveyor or engineer or other person authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the statements area below.)

92. A community official completed Section B for a building located in Zone A with out a FEMA-issued or community-issued BFE of Zone A.

93. The following information (Items 94-97) is provided to community information management purposes.

94. Total number of units in the building: _____	95. Date FEMA issued: _____	96. The community official who issued this certificate: _____
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97. This part has been issued for:  
 New Construction  Substantial Improvement

98. Elevation of second lowest floor (including basement):  
 \_\_\_\_\_ feet  meters  feet  meters

99. BFE of the Zone A01 depth of building at the building site:  
 \_\_\_\_\_ feet  meters  feet  meters

100. Community's design flood elevation:  
 \_\_\_\_\_ feet  meters  feet  meters

Local Official's Name: \_\_\_\_\_

Community Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments, including type of equipment and location per (310) if applicable:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check box if applicable

# 20 - 136536

# 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 RESOURCE CONSERVATION OF SARASOTA, LLC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13096 STEINHATCHEE LOOP				Company NAIC Number:	
City VENICE		State Florida		ZIP Code 34293	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 847, GRAND PALM, PHASES 2A(d) & 2A(e), PLAT BOOK 54, PAGE 97, PID #0760070115					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>27°04'07.37"N</u> Long. <u>82°19'27.78"W</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 checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>572.00</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0.00</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number SARASOTA COUNTY 125144			B2. County Name SARASOTA COUNTY		B3. State Florida
B4. Map/Panel Number 12115C0355	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) 7
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					

Classification:  CONFIDENTIAL  SECRET

1.12. Is the information reported in this report derived from a source who has provided information to you in confidence?  YES  NO

1.13. What is the source of the information?  HAVARD 1950  HAVARD 1950  OTHER SOURCE

IS SOURCE  HAVARD  CONFIDENTIAL SOURCE  OTHER SOURCE

1.14. Indicate the nature of the data being evaluated (SEE) as to its source and nature, to the best of your knowledge.

1.15. SOURCE	1.16. DATE	1.17. DATE	1.18. DATE	1.19.	1.20.
Source	DATE	DATE	DATE	DATE	DATE
1.21. SOURCE	1.22. DATE	1.23. DATE	1.24. DATE	1.25.	1.26.
Source	DATE	DATE	DATE	DATE	DATE
CONFIDENTIAL SOURCE (128-0-10)					
1.27. SOURCE	1.28. DATE	1.29. DATE	1.30. DATE	1.31.	1.32.
Source	DATE	DATE	DATE	DATE	DATE

SECTION B - SOURCE INFORMATION

1.33. Is the source of the information  YES  NO

1.34. Total number of good evaluations:  000  000

1.35. Number of evaluations of good evaluations in the source's history:  0  0

1.36. Source's record of information:  000  000

1.37. For a rating of the source's reliability:

1.38. Is the source of the information  YES  NO

1.39. Total number of good evaluations:  000  000

1.40. Number of evaluations of good evaluations in the source's history:  0  0

1.41. Source's record of information:  000  000

1.42. For a rating of the source's reliability:

1.43. Is the source of the information  YES  NO

1.44. Total number of good evaluations:  000  000

1.45. Number of evaluations of good evaluations in the source's history:  0  0

1.46. Source's record of information:  000  000

1.47. For a rating of the source's reliability:

1.48. SOURCE	1.49. DATE	1.50. DATE	1.51. DATE	1.52.	1.53.
Source	DATE	DATE	DATE	DATE	DATE
1.54. SOURCE	1.55. DATE	1.56. DATE	1.57. DATE	1.58.	1.59.
Source	DATE	DATE	DATE	DATE	DATE

SECTION C - SOURCE INFORMATION

1.60. For a rating of the source's reliability:

EVALUATION CERTIFICATE

Division of Home and Security  
Department of Home and Security  
U.S. DEPARTMENT OF HOME AND SECURITY

1.61. SOURCE  
1.62. DATE

# ELEVATION CERTIFICATE

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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
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## 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: NGS B 699 Vertical Datum: NAVD 1988

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)   | 10.1 | <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)  | 9.6  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | 9.5  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 9.3  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 9.4  | <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 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 MICHAEL P ALLEN	License Number PSM6822	Place Seal Here 	
Title OWNER			
Company Name BRIGHAM/ALLEN LAND SURVEYING			
Address 807 US 41 HIGHWAY BYPASS SOUTH, SUITE a			
City VENICE	State Florida		ZIP Code 34285
Signature 	Date 01-27-2021	Telephone (941) 493-4430	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)

A5 SOURCE OF LAT/LONG IS HAND HELD GPS USING A CONVERSION APP (GPS TEST).  
 C2 BENCHMARK 9.16' NAVD88 CONVERTED TO 10.27' NGVD29 USING 1.11' CONVERSION FACTOR AS PER VERTCON SOFTWARE FROM NOAA.  
 C2(a-h) ELEVATIONS CONVERTED FROM NGVD29 TO NAVD88 USING THE ABOVE CONVERSION FACTOR.  
 C2(e) AC IS LOCATED ON RIGHT SIDE OF HOUSE.



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**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.

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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 1/27/21

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW 1/27/21

Clear Photo Two



**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

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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

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four