S. DEPARTMENT OF HOMELAND SECURITY

## LEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

400722

| nai Flood insurance Program  | Important: Read the  |  |  |  |   |
|--|--|--|--|--|---|
|  | SECTION A - PROPERTY INFORMATION   |  |  | N  | For Insurance Company Use: Polloy Number  |
| Building Owner's Name  |  |  |  |  |   |
| DIAMOND HOMES OF SW FL, INC. Building Streat Address (Including Apt., I  | Unit. Suite, and/or Bidg, No.) or  | P.O. Route and Bo  | x No.  | Table (20)   | Company NAIC Number   |
| Building Street Address (including Apt., 410 TOMOKA DRIVE  |  |  |  | 719  | Code  |
| City   |  | State<br>FLORIDA   | W. Tr  | 3422   |   |
| ENGLEWOOD  Property Description (Lot and Block Nur   | mbers, Tex Percel Number, Leg  | al Description, etc.)  |  |  |   |
| LOT 267, PARK FOREST PHASE 5, TPID   | # 0851-16-0044   |  |  |  |   |
| 1 NEIR Community Name & Community  | closure(s), provide: nclosure(s), provide: NA sq ft the crawl space or bove adjacent grade NA NA sq in TION B - FLOOD INSURAN  | A9. For a)  c)  TO NCE RATE MAP  | or a buildi<br>Square<br>No. of p<br>walls w   | ing with an attact to footage of attact permanent flood within 1,0 foot ab- rea of flood oper NFORMATION   | hed garage, provide:<br>thed garage 398 eq ft<br>openings in the attached garage<br>ove adjacent grade N/A<br>nings in A9.b N/A sq in   |
| SARASOTA COUNTY - 125144   |  |  |  | B8, Flood  | B9. Base Flood Elevation(s) (Zo   |
| B4. Map/Penel Number B5. Suffix 125144 - 0451 D  | B6, FIRM Index Date 05/01/84   | B7. FIRM Panel<br>fective/Revised Dat<br>05/01/84  | et   | Zone(s)<br>A10   | AO, use base flood depth) 11'   |
| the building located in a Coastal Ba   | Irrier Resources System (CBRS  | or Otherwise CBRS OPA  | Protects   |  | ☐ Yes ⊠ No  |
| 1. Indicate elavation datum used for BFE the building located in a Coastal Ba esignation Date  SECTI  1. Building elevations are based on:  A new Elevation Certificate will be req  | ON C - BUILDING ELEVAT  Construction Drawings* pulred when construction of the table of tab | O) area or Otherwise CBRS  | ON (SU<br>der Cons<br>AR/AE, A   | d Area (OPA)?  RVEY REQUIF  truction*  AR/A1-A30, AR/A   | ☐ Yes ☑ No  RED)  ☑ Finished Construction  AH, AR/AO, Complete Items C2.4-9   |
| 11. Indicate elevation datum used for BFE the building located in a Coastal Ba esignation Date  SECTI  1. Building elevations are based on: A new Elevation Certificate will be required. Elevations — Zones A1-A30, AE, AH, A   | ON C - BUILDING ELEVAT  Construction Drawings* pulred when construction of the tall (with BFE), VE, V1-V30, V (with a specified in item A7.  | O) area or Otherwise<br>CBRS OPA<br>OPA<br>OPA<br>OPA<br>OPA<br>OPA<br>OPA<br>OPA<br>OPA<br>OPA  | ON (SU<br>der Cons<br>AR/AE, A   | d Area (OPA)?  RVEY REQUIF  truction*  AR/A1-A30, AR/A   | ☐ Yes ☑ No RED)  ☑ Finished Construction  |
| 1. Indicate elavation datum used for BFE the building located in a Coastal Ba esignation Date  SECTI  1. Building elevations are based on:  A new Elevation Certificate will be req  | ON C - BUILDING ELEVAT  Construction Drawings* pulred when construction of the tall (with BFE), VE, V1-V30, V (with a specified in item A7.  | O) area or Otherwise<br>CBRS OPA<br>OPA<br>OPA<br>OPA<br>OPA<br>OPA<br>OPA<br>OPA<br>OPA<br>OPA  | ON (SU<br>der Cons<br>AR/AE, A   | d Area (OPA)?  RVEY REQUIF  truction*  AR/A1-A30, AR/A  ELEVATION =  | ☐ Yes ☑ No  RED)  ☑ Finished Construction  AH, AR/AO. Complete Items C2.4-9  • 11.02' (NGVD 1928)   |
| 1. Indicate elevation datum used for BFE the building located in a Coastal Ba esignation Date  SECTI  1. Building elevations are based on: A new Elevation Certificate will be req 2. Elevations — Zenes A1-A30, AE, AH, A below according to the building diagram Benchmark Utilized <u>SARASOTA COU</u> Conversion/Comments  | ON C - BUILDING ELEVAT  Construction Drawings* pulred when construction of the tall (with BFE), VE, V1-V30, V (with BFE), V1-V30,  | O) area or Otherwise CBRS OPA TON INFORMATI  Building Un building is complete th BFE), AR, AR/A,  Vertical   | ON (SU<br>der Cons<br>AR/AE, A   | RVEY REQUIF truction* AR/A1-A30, AR/A ELEVATION =  | Yes No  RED)    Finished Construction   AH, AR/AO, Complete Items C2.4-9   11.02' (NGVD 1929)   Sement used.   erto Rico only)  |
| 1. Indicate elevation datum used for BFE the building located in a Coastal Ba cedgnation Date  SECTI  Building elevations are based on: A new Elevation Certificate will be req Elevations — Zones A1-A30, AE, AH, A below according to the building diagram Benchmark Utilized <u>GARASOTA COU</u> Conversion/Comments  B) Top of bottom floor (Including bases)  | ON C - BUILDING ELEVAT  Construction Drawings* pulred when construction of the tall (with BFE), VE, V1-V30, V (with BFE), V1-V30,  | O) area or Otherwise CBRS OPA TON INFORMATI Duilding Un Couilding is complete th BFE), AR, AR/A, Vertical Tre floor) 12.27   | ON (SU  der Cons  AR/AE, A  Datum  Ch  | RVEY REQUIF  truction*  AR/A1-A30, AR/A  ELEVATION =  meck the measure  meters (Pu meters (Pu  | Yes No  RED)  Finished Construction  AH, AR/AO. Complete Items C2.a-g  11.02' (NGVD 1929)  ement used.  erto Rico only)  erto Rico only)  |
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| the building located in a Coastal Basesignation Date  SECTI  Building elevations are based on:  A new Elevation Certificate will be requested according to the building diagrams Benchmark Utilized GARASOTA COUNTY Conversion/Comments  Top of bottom floor (including bases)  Top of the next higher floor  Bottom of the lowest horizontal according to the building diagrams by Top of the next higher floor  Attached garage (top of slab)  | ON C - BUILDING ELEVAT  Construction Drawings* pured when construction of the talk of the construction of the talk of the construction of the talk of the construction | O area or Otherwise CBRS OPA  TON INFORMATI  Building Un building is complete th BFE), AR, AR/A,  Vertical  Tre floor) 12.27  NA  11.67  | ON (SU  der Cons  AR/AE, A  Daturn  Ch  Seat  Feet                                     | RVEY REQUIF truction*  AR/A1-A30, AR/A  ELEVATION =  meters (Pu   | Yes No  RED)  Finished Construction  AH, AR/AO. Complete Items C2.a-g  11.02' (NGVD 1928)  Therefore Rico only)   |
| the building located in a Coastal Basesignation Date  SECTI  Building elevations are based on: A new Elevation Certificate will be requested according to the building diagram Benchmark Utilized <u>GARASOTA COME</u> Top of bottom fleor (Including bases) Top of the next higher floor Bottom of the lowest horizontal side Attached garage (top of slab)  Lowest elevation of machinery of (Describe type of equipment in Comestigned)   | ON C - BUILDING ELEVAT  Construction Drawings* uired when construction of the talent when construction of the construction | O) area or Otherwise CBRS OPA TON INFORMATI  Building Un building is complete th BFE), AR, AR/A,  Vertical  Ire floor) 12.27  N/A  N/A  11.67  11.74   | Deturn_ Ch Seat Seat Seat Seat Seat Seat Seat Seat                                     | RVEY REQUIS  truction*  AR/A1-A30, AR/A  ELEVATION =  meters (Pu  | Yes No  RED)  Finished Construction  AH, AR/AO. Complete Items C2.a-g  11.02' (NGVD 1928)  ement used.  erto Rico only)  |
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| the building located in a Coastal Based particle.  SECTION:  Building elevations are based on:  A new Elevation Certificate will be requested by according to the building diagram Benchmark Utilized GARASOTA COUNTY Conversion/Comments  Top of bottom floor (Including based) Top of the next higher floor  Buttom of the lowest horizontal side Attached garage (top of slab)  Describe type of equipment in Coastal statement adjacent (finished) grades good the product of the conversion | ON C - BUILDING ELEVAT  Construction Drawings* uired when construction of the it (with BFE), VE, V1-V30, V (with m specified in item A7.  NTY BM#851-C  sement, crawl space, or enclosus tructural member (V Zonas only r equipment servicing the building comments) (LAG) (HAG) (HA | TON INFORMATI  Building Un building is complete th 8FE), AR, AR/A,  Vertical  To 11.87  To 11.74  To 11.30  CINEER, OR ARCO Tr, or architect author Ty best efforts to intelligenment under 18  License N  PSM.#   | Deturn_ Ch Seat Seat Seat Seat Seat Seat Seat Seat                                     | RVEY REQUIS truction*  AR/A1-A30, AR/A  ELEVATION =  meters (Pu  | Yes No  RED)  Finished Construction  AH, AR/AO. Complete Items C2.a-g  11.02' (NGVD 1928)  ement used.  erto Rico only)  ierto Rico only)  ierto Rico only)  ierto Rico only) |
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| PORTANT: In these space  | es, copy the cc sponding information   | n from Section A                               |                                      | For Insurance Company Use:                     |
|--|--|--|--------------------------------------|--|
| ding Street Address (including TOMOKA DRIVE                    | Apt., Unit, Suite, b/or Bidg. No.) or P.O. Ro  | ute and Box No.                                |                                      | Policy Number                                  |
| 3LEWCOD  | State<br>FLORIDA   | •  | ZIP Code<br>34224                    | Company NAIC Number                            |
| SECT   | ION D - SURVEYOR, ENGINEER, OR   | RCHITECT CERT                                  | IFICATION (CO                        | NTINUED)                                       |
| y both sides of this Elevation C                               | Certificate for (1) community official, (2) insura   | nce agent/company.                             | and (3) building ov                  | vner.  |
| ments FIIF#05-05-17 THE  | A/C UNIT IS AT ELEVATION 11.74'. THERE AF  | E NO APPARENT FL                               | OW THROUGHS.                         |  |
| 1 1  |  |  |                                      |  |
|  |  |  |                                      |  |
|  |  |  |                                      |  |
| neture   | Alice of he  | Date<br>12/17/07                               |                                      | Check here If attachments                      |
| SECTION E - BUILDING   | ELEVATION INFORMATION (SURVEY  |  | FOR ZONE AO                          |  |
| r Zones AO and A (without BFE<br>d C. For items £1-£4, use nat | E), complete Items E1-E5. If the Certificate is<br>ural grade, if available. Check the measurem  | intended to support a<br>ent used. In Puerto F | LOMA or LOMR-<br>Rico only, enter me | F request, complete Sections A, B,<br>ters.    |
| grade (HAG) and the lowest                                     | n for the following and check the appropriate tadjacent grade (LAG).                             |  |                                      |  |
| b) Top of bottom floor (inclu                                  | ding basement, crawl space, or enclosure) le<br>ding basement, crawl space, or enclosure) la     | , lee  | t meters                             | above or below the LAG.                        |
| (elevation C2.b in the diagra                                  | with permanent flood openings provided in Seams) of the building is feet                         | meters abov                                    | re or 🔲 below th                     | ineructions), the next righer 11007<br>he HAG. |
| . Attached garage (top of slai                                 | b) is feet _ meters o<br>y and/or equipment servicing the building is _                          | Delow  | the HAG.                             | above or Delow the HAG.                        |
| . Top of platform of machiner  . Zone AO only: If no flood d   | epth number is available, is the top of the bott   | om floor elevated in a                         | accordance with th                   | e community's floodplain management            |
| ordinance? Tyes TN   | lo Unknown. The local official must cert   | ify this information in                        | Section G                            |  |
|  | TION F - PROPERTY OWNER (OR OW   |  |                                      |  |
| e bloberth amuel or omnere an                                  | thorized representative who completes Section  | ns A. B. and E for 20                          | ne A (without a FE                   | iMA-Issued or community-issued BFE)            |
|  | statements in Sections A, B, and E are correct<br>horized Representative's Name                  | t to the pest of my kin                        | owiedge,                             |  |
| operty Owners or Owners Aut                                    | Uduzad Kabtasatiridae a idama  |  |                                      |  |
| dre  |  | City   | State                                | ZIP Code                                       |
| nature   |  | Date   | Teleph                               | one  |
| mments   |  |  |                                      |  |
|  |  |  |                                      | Check here if attachmen                        |
|  | SECTION G - COMMUNITY  |  |                                      | and complete Sections A. B. O. (or E)          |
| 3 of this Elevation Certificate.                               | by law or ordinance to administer the commu<br>Complete the applicable item(s) and sign bel      | ow, Chack the meas                             | niewem mewan                         | eme Ga, and Gy.                                |
| is authorized by lew to a                                      | on C was taken from other documentation that<br>artify elevation information. (Indicate the sour | ce and date of the ele                         | evation data in the                  | Comments area balow.)                          |
|  | npleted Section E for a building located in Zon<br>n (Iteme G4G8.) is provided for community fi  |  |                                      | iny-listed BrE) of Zone AO.                    |
| 4. Permit Number   | G5. Date Permit lasued   | G6, Date                                       | Certificate Of Cor                   | npliance/Occupancy lasued                      |
| This permit has been issued for                                | or: New Construction Substa  | ntial Improvement                              |                                      |  |
|  | or (including basement) of the building:   | ☐ feet   | meters (PR)                          | Datum  |
| BFE or (in Zone AO) depth of                                   |  | feet   | meters (PR)                          | Datum  |
| ocal Official's Name   |  | Title  |                                      |  |
| ommunity Name  |  | Telephone                                      |                                      |  |
| gnature  |  | Date   |                                      |  |
| omments,   |  |  |                                      |  |
|  |  |  |                                      |  |
|  | ×  |  |                                      |  |
|  |  |  |                                      | Check here if attachme                         |