# U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

115/6

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Designation Date:   CBRS  OPA
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No
- CC
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  ☐ FIS Profile X FIRM ☐ Community Determined ☐ Other/Source:
B4. Map/Panel B5. Suffix Number B5. Suffix Date Effective/ Revised Date Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Date Flood Depth) 7
B1. NFIP Community Name & Community Number  B2. County Name  B3. State Space B3. State B3. State Space B3. State Space B3. State
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION
c) Total net area of flood openings in A9.b <u>n/a sq in series.</u> d) Engineered flood openings? Yes X No
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade manufacturing about a service of permanent flood openings in the attached garage within 1.0 foot above adjacent grade manufacturing about a service of permanent flood openings in the attached garage within 1.0 foot above adjacent grade manufacturing about a service of permanent flood openings in the attached garage within 1.0 foot above adjacent grade manufacturing and the service of permanent flood openings in the attached garage within 1.0 foot above adjacent grade manufacturing a service of permanent flood openings in the attached garage within 1.0 foot above adjacent grade manufacturing a service of the service of th
1000
RECLIGH D OF ASTOL EXCHER OF MCALECL CERTAIN FLOW
Total net area of flood openings in A8,b
Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent graden/a
n/a sq ft
space or enclosure(s):
nu) systep be louiv
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.
A4. bujiding ose (e.g., pesidential, Non-Residential, Addition, Accessory, etc.) Residential  A5. Latitude/Longitude; Lat. 27°02′59" Long. 82°16′49" Horizontal Datum: NAD 1927 X NAD 1983
t 25 and 26/Block D/Warm Mineral Springs Unit No. 59 Sarasota County Tax
Description (I of and Block Numbers Tax Parcel Number Legal Description etc.)
City age of Code desired age of State o
A2. Building Street Address (including Apt., Unit, Suite, ahd/or Bldg, No.) or P.O. Route and so and Company NAIC Number:  Box No. AND
A1_ Building Owner's Name   Policy Number
SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE
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noverness pri symmetrigation. Il re-	J. St. mad Jr. 1981 at 1	Elevation in item C2e refers to an exterior concrete A/C pad.	Elevation in item C2e refers to an exterior concrete A/C pad
ent/company, and (3) building owner.	official, (2) insurance ago	Withis Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.	Copy all pages of this Elevation Certi
	Telephone (941) 766-0011	Date 02/04/2020	Signature A
2/4/2020	ZIP Code 33954	State Florida	City Port Charlotte
#3733	B vobolovite o	Parties and Barrier and Barrie	Address 493 Barger Drive, Unit A
Place	isolopy by planer.	nc. erasit pinuos di	Company Name Meridian Group of South Florida, Inc
			Title President
	liati. di dikatili ga	License Number #5153	Certifier's Name Joseph E. Trott
w to certify elevation information.  le. I understand that any false  Check here if attachments.	rchitect authorized by la terpret the data availab sction 1001. ? ⊠Yes □No	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?    X Yes   No   Check here if attachments.	This certification is to be signed and a certify that the information on this statement may be punishable by fire the certify that the information on this statement may be punishable by fire the certification.
SATION	RCHITECT CERTIFIC	SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	SECTION
feet meters	n/a_	Lowest adjacent grade at lowest elevation of deck orstairs, including structural support	h) Lowest adjacent grade at lo structural support
X feet	80	Highest adjacent (finished) grade next to building (HAG)	g) Highest adjacent (finished)
X feet ☐ meters	8.6	Lowest adjacent (finished) grade next to building (LAG)	f) Lowest adjacent (finished)
X feet ☐ meters	8. 7	Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	e) Lowest elevation of machinery or (Describe type of equipment and
X feet meters		ab)	d) Attached garage (top of slab)
feetmeters	n/a	Bottom of the lowest horizontal structural member (V Zones only)	c) Bottom of the lowest horizo
☐ feet ☐ meters	n/a	TO THE THE PERIOD	
X feet  meters	or) 9 3	Top of bottom floor (including basement, crawlspace, or enclosure floor)	a) Top of bottom floor (includi
	BFE. Section 1	Datum used for building elevations must be the same as that used for the BFE	Datum used for building elevation
	ow.	Ya Ya	Indicate elevation datum used
	NAVD 1988	PID # AG0875 Vertical Datum: NAVD 1988	Benchmark Utilized: NGS BM PID # AG0875
V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. specified in Item A7. In Puerto Rico only, enter meters.	BFE), AR, AR/A, AR/A d in Item A7. In Puerto	Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only,	C2. Elevations – Zones A1–A30, / Complete Items C2.a-h below
tion* X Finished Construction	☐ Building Under Construction*	on: Construction Drawings* B	C1. Building elevations are based on:
QUIRED)	ATION (SURVEY RE	N C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	SECTION C
Company NAIC Number	ZIP Code 34287	State Z Florida 3-	City North Port
Policy Number:	Box No.	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 119 Volusia St	Building Street Address (including A 119 Volusia St
FOR INSURANCE COMPANY USE		IMPORTANT: In these spaces, copy the corresponding information from Section A	IMPORTANT: In these spaces, cop
-xpiration pate. November 30, 2010			ELEVATION OFINITION INC.

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Check here if attachments.			ensaubaich den Sent
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ghouses (concell None sudnition	Redministra straint agent beautiful a	il détricente)	
			Comments
		9/60	
Telephone Brack (Consumer)	Date Te	30 M (15 15 15 15 15 15 15 15 15 15 15 15 15 1	Signature
ode	City		Address
rect to the best of my knowledge.	Sections A, B, and E are cor	st sign here. The statements in satisfy here. The statements in satisfy here. The statements in satisfy here.	community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the b Property Owner or Owner's Authorized Representative's Name
ON	R'S REPRESENTATIVE) CI	SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION	SECTION F - PR
m floor elevated in accordance with the community's The local official must certify this information in SectionG.	bottom floor elevated in acc wn. The local official must	ber is available, is the top of the ☐ Yes ☐ No ☐ Unkno	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?
rs above or below the HAG.		equipment	E4. Top of platform of machinery and/or equipment servicing the building is
rs above or below the HAG.	feet   meters		E3. Attached garage (top of slab) is
9 (see pages 1–2 of Instructions), rs ☐ above or ☐ below the HAG.	in Section A Items 8 and/or 9 (see page	nanent flood openings provided in in	E2. For Building Diagrams 6–9 with permanent flood openings the next higher floor (elevation C2.b in the diagrams) of the building is
rs ☐ above or ☐ below the LAG.	feetmeters	sement,	crawlspace, or enclosure) is
r the elevation is above or below rs above or below the HAG.	AG).    Teet   meters	nd the lowest adjacent grade (L. sement,	the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).  a) Top of bottom floor (including basement, crawlspace, or enclosure) is  ———————————————————————————————————
2 7 7	icate is intended to support a vailable. Check the measure	plete Items E1–E5. If the Certific s E1–E4, use natural grade, if av	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.
REQUIRED)	RMATION (SURVEY NOT E A (WITHOUT BFE)	- BUILDING ELEVATION INFORMATION (SURVEY NOT FOR ZONE AO AND ZONE A (WITHOUT BFE)	SECTION E - I
Company NAIC Number ্যুর্বিত	ZIP Code 34287	State Florida	City ISSMUK CAM YERGINGS North Port
Policy Number: ObA Jecs Stabilist	P.O. Route and Box No.	Unit, Suite, and/or Bldg. No.) or	Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 119 Volusia St
FOR INSURANCE COMPANY USE	from Section A.	e corresponding information t	IMPORTANT: In these spaces, copy the corresponding information from Section A.
Expiration Date: November 30, 2018			TELEVATION CENTICATE

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Check here if attachments.		
	, per C2(e), if applicable)	Comments (including type of equipment and location, per C2(e), if applicable)
	Date	Signature
	Telephone	Community Name
	Title	Local Official's Name
feet meters Datum		G10. Community's design flood elevation:
of the building: feet feet meters Datum	meters Datum	G8. Elevation of as-built lowest floor (including basement) G9. BFE or (in Zone AO) depth of flooding at the building site
	☐ New Construction ☐ Substantial Improvement	G7. This permit has been issued for:
G6. Date Certificate of Compliance/Occupancy Issued	Date Permit Issued Gt	G4. Permit Number G5.
jement purposes.	The following information (Items G4–G10) is provided for community floodplain managementpurpose	G3.  The following information (Items G4–G10)
EMA-issued orcommunity-issued BFE)	A community official completed Section E for a building located in Zone A (without a FEMA-issued or Zone AO.	G2. A community official completed Section E or Zone AO.
d and sealed by a licensed surveyor, the source and date of the elevation	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.)	G1. The information in Section C was taken fro engineer, or architect who is authorized by data in the Comments area below.)
management ordinance can complete sign below. Check the measurement	ce to administer the community's floodplain ficate. Complete the applicable item(s) and seters.	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.
L) — F KOTUBBU	- COMMUNITY INFORMATION (OPTIONAL)	SECTION G.
Company NAIC Number	State ZIP Code Florida 34287	City mademag and the partners in the North Port
Policy Nur	ind/or Bidg. No.) or P.O. Route and Box No.	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 119 Volusia St
	iding information from Section A.	IMPORTANT: In these spaces, copy the corresponding information from Section A.
Expiration pate. November 30, 2010		DEDVALON CENTIONE

### **ELEVATION CERTIFICATE**

## **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A North Port Sign Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 119 Volusia St State Florida ZIP Code Policy Number: Company NAIC Number FOR INSURANCE COMPANY USE

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.

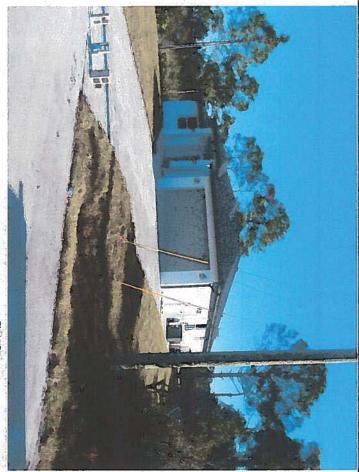


Photo One

Photo One Caption Front View 02/04/2020

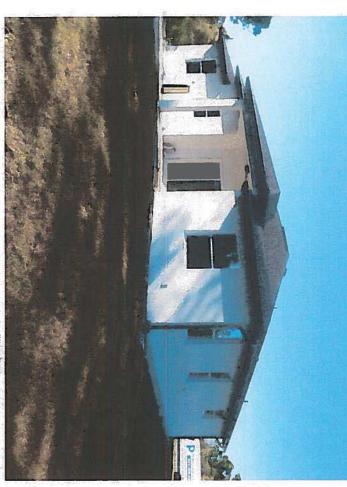


Photo Two

Photo Two Caption Rear View 02/04/2020

### **ELEVATION CERTIFICATE**

## BUILDING PHOTOGRAPHS Continuation Page

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		Photo Two	
DEFINITION OF THE PARTY OF THE			Photo One Caption
	One	Photo One	
	One	Photo One	
phs below. Identify all photographs Left Side View." When applicable, as indicated in Section A8.	, affix the additional photogral d, "Right Side View" and "L of the flood openings or vents	fit on the preceding page ar View"; and, if require h representative examples	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.
Company NAIC Number	ZIP Code 34287	State Florida	City Sedmand 2004 (grants 2) North Port
Policy Number: The Boundary Street	or P.O. Route and Box No.	it, Suite, and/or Bldg. No.)	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 119 Volusia St
FOR INSURANCE COMPANY USE	n from Section A.	orresponding informatic	IMPORTANT: In these spaces, copy the corresponding information from Section A.
Expiration Date: November 30, 2018	ion Page	Continuation Page	ELEVATION CERTIFICATE