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

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

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.

SEC	TION A - PROPERTY	INFORM	MATION		FOR INSUR	ANCE COMPANY USE
A1. Building Owner's Name KATHLEEN MARIE WHITE &	GREGORY BRIAN YAO	3LE			Policy Numb	per:
A2. Building Street Address (in Box No.361 WEST PALM GROVE AV		e, and/or	Bldg. No.) or	P.O. Route and	Company N	AIC Number:
City State			ZIP Code 34223			
A3. Property Description (Lot METES & BOUNDS, PALM G			Number, Leg	al Description, et	c.)	
A4. Building Use (e.g., Reside	ential, Non-Residential,	Addition.	Accessory, e	tc.) RESIDEN	ITIAL	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Latitude/Longitude: Lat. 26.95661° Lcng82.36079° Horizontal Datur					927 × NAD 1983	
A6. Attach at least 2 photogra					_	(A) (A) (B) (C)
A7. Building Diagram Number						
A8. For a building with a craw						
a) Square footage of crav				223 sq ft		
b) Number of permanent					t above adiacent gra	ade 4
c) Total net area of flood				(5)	t abovo adjacom gro	
d) Engineered flood open						
				•		
A9. For a building with an attac						
a) Square footage of attack						
b) Number of permanent	flood openings in the at	tached g	arage within 1	.0 foot above ad	jacent grade 0	<u></u>
c) Total net area of flood	openings in A9.b		0sq	in		
d) Engineered flood open	ings? ☐ Yes 🗵 N	10				
	SECTION B - FLOOD	NSURA	NCE RATE	MAP (FIRM) INI	FORMATION	
B1. NFIP Community Name & SARASOTA COUNTY - 12514	•		B2. County I SARASOTA			B3. State Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	B7. FIRM Panel B8. Flood B9. Base Floor Effective/ Zone(s) (Zone AO, Revised Date		B9. Base Flood E (Zone AO, us	l Elevation(s) use Base Flood Depth)	
12115C-0453 F	11-04-2016	11-04-2		AE	12'	
B10. Indicate the source of th					d in Item B9:	
B11. Indicate elevation datum	used for BFE in Item B	89: 🔲 N	GVD 1929 [⊠ NAVD 1988	Other/Source:	
B12. Is the building located in	a Coastal Barrier Reso	ources Sy	/stem (CBRS	area or Otherwi	se Protected Area (OPA)? ☐ Yes ☑ No
		CBRS	_	,	(
Designation Date:			☐ OPA			

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IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE		
				Policy Number:		
City ENGLEWOOD	State ZIP C	1977	Compar	ny NAIC N	lumber	
SECTION C - BUILDIN	G ELEVATION INFORMATI	ON (SURVEY RE	EQUIRE	D)		
C1. Building elevations are based on: Const *A new Elevation Certificate will be required will	• 🗆	ing Under Constru g is complete.	iction*		ned Construction	
C2. Elevations – Zones A1–A30, AE, AH, A (with E Complete Items C2.a–h below according to the Benchmark Utilized: SARCO BM #497 EL:	BFE), VE, V1–V30, V (with BF e building diagram specified ir : 13.68' Vertical Datum: I	Item A7. In Puert	AE, AR/A o Rico or	A1–A30, A nly, enter i	AR/AH, AR/AO. meters.	
Indicate elevation datum used for the elevation						
☐ NGVD 1929 ⊠ NAVD 1988 ☐ C						
Datum used for building elevations must be the		FE.				
a) Top of bottom floor (including basement, cr	rowlenges or englesure fleer)		5.0	ck the me	asurement used. meters	
	awispace, or enclosure floor)		15.9	★ feet	☐ meters	
b) Top of the next higher floor				100		
c) Bottom of the lowest horizontal structural m	nember (V Zones only)		N/A	★ feet ★	meters	
d) Attached garage (top of slab)		u-	N/A	× feet	meters	
 e) Lowest elevation of machinery or equipmer (Describe type of equipment and location in 	nt servicing the building n Comments)		15.5	⊠ feet	☐ meters	
f) Lowest adjacent (finished) grade next to be	uilding (LAG)		4.1	× feet	meters	
g) Highest adjacent (finished) grade next to b	uilding (HAG)		5.6	\times feet	meters	
 h) Lowest adjacent grade at lowest elevation structural support 	of deck or stairs, including		5.7		☐ meters	
SECTION D - SURVE	YOR, ENGINEER, OR ARC	HITECT CERTIF	ICATION	N		
This certification is to be signed and sealed by a la I certify that the information on this Certificate repre- statement may be punishable by fine or imprisonm	esents my best efforts to intere	pret the data availa	y law to c	ertify elev derstand t	ration information. that any false	
Were latitude and longitude in Section A provided I	by a licensed land surveyor?	⊠Yes □No		Check her	e if attachments.	
Certifier's Name	License Number					
B. GREGORY RIETH	5228			100	7 38	
Title PSM/CFM			33	6	lace	
Company Name STRAYER SURVEYING AND MAPPING, INC.	,	9	= =		exi vo	
Address 742 SHAMROCK BLVD			1	1/35	lere	
City	State	ZIP Code	- 0		n	
VENICE	Florida	34293				
Signature	Date 03-24-2020	Telephone (941) 497-1290	Ext.			
Copy all pages of this Elevation Certificate and all att	achments for (1) community of	ficial, (2) insurance	agent/co	mpany, ar	nd (3) building owner.	
Comments (including type of equipment and location FILE #15-05-107. THE OUTSIDE A/C UNIT ON THE DERIVED FROM A HAND HELD G.P.S. UNIT (GREEN CONVERTED FROM N.G.V.D. 1929 DATUM TO NOT VALID ONLY WITH ORIGINAL SIGNATURE & RA	HE EAST SIDE OF THE HOM PSTEST APP - NO CONVERS N.A.V.D. 1988 DATUM USING	SION). ELEVATION	NS SHOW	WN IN SE	CTION "C" WERE	

ELEVATION CERTIFICATE

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

MPORTANT: 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. 861 WEST PALM GROVE AVENUE			Policy Number:		
	Stat∋ Torida	ZIP Code 34223	Company NAIC Number		
SECTION E - BUILDING ELI FOR ZONE	EVATION INFORMA AO AND ZONE A	ATION (SURVEY NOT (WITHOUT BFE)	REQUIRED)		
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 b) Top of bottom floor (including basement.		feet meter	s above or below the HAG.		
crawlspace, or enclosure) is		feet meter			
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided in S	Section A Items 8 and/or ☐ feet ☐ meter	_		
E3. Attached garage (top of slab) is					
E4. Top of platform of machinery and/or equipment servicing the building is			s above or below the HAG.		
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the bo	ttom floor elevated in ac	cordance with the community's		
SECTION F - PROPERTY OWN	VER (OR OWNER'S	REPRESENTATIVE) CI	RTIFICATION		
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Se	ctions A. B. and E for Zo	one A (without a EEMA-issued or		
Property Owner or Owner's Authorized Representative's					
Address	City	St	ate ZIP Code		
Signature	Date	Te	lephone		
Comments					
			:		
			Check here if attachments.		

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 361 WEST PALM GROVE AVENUE			Policy Number:			
City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number			
SECTIO	ON G - COMMUNITY INFO	RMATION (OPTIONAL)				
The local official who is authorized by law or on Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the a	ommunity's floodplain ma pplicable item(s) and sig	anagement ordinance can complete n below. Check the measurement			
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 Secti or Zone AO.	on E for a building located i	n Zone A (without a FEN	A-issued or community-issued BFE)			
G3. The following information (Items G4-	-G10) is provided for commu	unity floodplain managen	nent purposes.			
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction Sub	ostantial Improvement				
G8. Elevation of as-built lowest floor (including of the building:	g basement)	fee	t meters Datum			
G9. BFE or (in Zone AO) depth of flooding at	the building site:	[] fee	t meters Datum			
G10. Community's design flood elevation:		fee	et meters Datum			
Local Official's Name	Tit	le				
Community Name	Community Name Telephone					
Signature	Da	ate				
Comments (including type of equipment and loa	cation, per C2(e), if applicat	ole)				
			Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE				
Building Street Address (including Ap 361 WEST PALM GROVE AVENUE	Policy Number:				
City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number		
	- Tionaa	J4225			

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.



FRONT VIEW 03-24-2020

Photo One Caption

Clear Photo One



REAR VIEW 03-24-2020

Photo Two Caption

Clear Photo Two