# **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 4985 WESTERN DOCKS LANE	uite, and/or Bldg. No.) or P.O. R	oute and Box No.	Policy Number:		
City NOKOMIS		P Code 1275	Company NAIC Number		
SECTION	ON G - COMMUNITY INFORMA	TION (OPTIONAL)			
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the applic	nunity's floodplain man able item(s) and sign	nagement ordinance can complete below. Check the measurement		
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)					
G2. A community official completed Section or Zone AO.	on E for a building located in Zo	ne A (without a FEMA	A-issued or community-issued BFE)		
G3. The following information (Items G4-	G10) is provided for community	floodplain manageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued		
15-141632 BI			Adam and the second of the sec		
G7. This permit has been issued for:	New Construction  Substar	itial Improvement	8 A		
G8. Elevation of as-built lowest floor (including of the building:	g basement)	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					
			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Signature	Date				
Comments (including type of equipment and loc	cation, per C2(e), if applicable)	7			
			- 3 ×		
	-x _ =		42		
			Check here if attachments,		

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

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

# **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 INSU	RANCE COMPANY USE		
A1. Building Owner's Name  JERROLD R. NAUMANN TRUST  Policy Number:						ber:
A2. Building Street Address (inc Box No. 4985 WESTERN DOCKS LANE	luding Apt., Unit, Suite	, and/oi	r Bldg. No.) or P.O.	Route and	Company N	IAIC Number:
City NOKOMIS			State Florida		ZIP Code 34275	
A3. Property Description (Lot ar UNIT 1 OF CASSATA ESTATES			_		ARASOTA (	COUNTY
A4. Building Use (e.g., Resident	tial, Non-Residential, A	ddition,	Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat. N2	27° 07' 54.15246" [	ong. W	/82° 28'07.56153"	Horizontal Datur	n: NAD	1927 🗵 NAD 1983
A6. Attach at least 2 photograph	ns of the building if the	Certific	ate is being used to	o obtain flood insur	ance.	
A7. Building Diagram Number	1B					
A8. For a building with a crawlsp	pace or enclosure(s):					
<ul> <li>a) Square footage of crawls</li> </ul>	space or enclosure(s)		0 sq ft			
b) Number of permanent flo	ood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net area of flood op	enings in A8.b0	s	q in			
d) Engineered flood openin	gs? 🗌 Yes 🗵 No	)				
A9. For a building with an attach	ed garage:					
a) Square footage of attach	ed garage 871	:	sq ft			
b) Number of permanent flo	ood openings in the atta	ached g	garage within 1.0 foo	ot above adjacent	grade	5
c) Total net area of flood op	penings in A9.b 6	30	sq in			
d) Engineered flood openin	gs? ⊠ Yes □ No	o				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & C			B2. County Name		S	B3. State
Sarasota County #125144 (UNIN	NCORPORATED)		SARASOTA			Florida
B4. Map/Panel B5. Suffix Number F	B6. FIRM Index Date 11/04/2016	E1 R	IRM Panel ffective/ evised Date /2016	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
				L <sub>-</sub> .	<u> </u>	
B10. Indicate the source of the I  ☐ FIS Profile ☒ FIRM				epth entered in Iten	1 B9:	
	_ ,	3 T	_			
B11. Indicate elevation datum u	sed for BFE in Item B9	: ∐ N	GVD 1929  X NA	VD 1988	her/Source:	<del></del> }
B12. Is the building located in a	Coastal Barrier Resou	rces Sy	ystem (CBRS) area	or Otherwise Prote	ected Area (	OPA)? 🗌 Yes 🗵 No
Designation Date: CBRS OPA						
	·					
L						

## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or 4985 WESTERN DOCKS LANE	Bldg. No.) or P.O. Ro	oute and Box No.	Policy Number:
City Stat NOKOMIS Flor	7	P Code 275	Company NAIC Number
SECTION C – BUILDING ELI	EVATION INFORMA	TION (SURVEY R	EQUIRED)
C1. Building elevations are based on: Constructio  *A new Elevation Certificate will be required when concentrations—Zones A1—A30, AE, AH, A (with BFE),  Complete Items C2.a—h below according to the build Benchmark Utilized: NGS BM #DL9720 EL14.27	onstruction of the builder. V1-V30, V (with	BFE), AR, AR/A, AR I in Item A7. In Puer	/AE, AR/A1-A30, AR/AH, AR/AO.
Indicate elevation datum used for the elevations in It		ow.	
Datum used for building elevations must be the same		BFE.	Check the measurement used.
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floo	or)11. <u>97</u>	× feet  meters
b) Top of the next higher floor		N/A,	X feet
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	N/A	X feet meters
d) Attached garage (top of slab)		<u>8</u> , <u>72</u>	X feet  meters
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com	ricing the building ments)	12, 2	X feet meters
f) Lowest adjacent (finished) grade next to building	(LAG)	3, 37	X feet meters
g) Highest adjacent (finished) grade next to building	(HAG)	8, 74	X feet  meters
<ul> <li>h) Lowest adjacent grade at lowest elevation of dec structural support</li> </ul>	k or stairs, including	N/A	∑ feet ☐ meters
SECTION D - SURVEYOR,	ENGINEER, OR A	CHITECT CERTIF	ICATION
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un Were latitude and longitude in Section A provided by a lice	my best efforts to int der 18 U.S. Code, Se	erpret the data availantion 1001.	y law to certify elevation information, able. I understand that any false   Check here if attachments.
Certifier's Name	License Number		74 Oha
WALTER J. SMITH	PLS #4807		WINT H
Title PROF SURVEYOR			THE STATE OF THE S
Company Name OMC SURVEYING & MAPPING, LLC			A TE SOL
Address 1215 MANATEE AVE WEST			TARON TO STATE
City BRADENTON	State Florida	ZIP Code 34205	NAME (17
Signature Washington	Date 02/17/2017	Telephone (941) 345-5451	
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community	official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, per The purpose of this certificate is to reflect the elevations of NGS BENCHMARK #DL9720, ELEVATION = 14.27 FEE Building and flood vent photographs are attached, as refer flood coverage of 200 sq. ft each.	of the finished constru T (NAVD 1988). The	equipment reference	ed in C2.e above is the AC unit(s).
		Te ma i	1 2 2 2

## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE	CE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, an 4985 WESTERN DOCKS LANE	d/or Bidg. No.) or P.	O. Route and Box No.	Policy Number:				
City NOKOMIS	State Florida	ZIP Code 34275	Company NAIC	Number			
SECTION E – BUILDING EI FOR ZON	EVATION INFORME AO AND ZONE		T REQUIRED)				
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.	natural grade, if avai	lable. Check the measu	rement used. In Pue	erto Rico only,			
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest	d check the appropri adjacent grade (LAC	ate boxes to snow wheth 3).	ner the elevation is a	above or below			
a) Top of bottom floor (including basement, crawlspace, or enclosure) is      b) Top of bottom floor (including basement)		feet met	ers  above or	below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet   met	ers  above or	below the LAG.			
E2. For Bullding Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in	openings provided in	Section A Items 8 and/	_	× × × ×			
the diagrams) of the building is	*	feet met		below the HAG.  below the HAG.			
E3. Attached garage (top of slab) is  E4. Top of platform of machinery and/or equipment		[] feet [] met	ers above or	Delow the HAG.			
servicing the building is		[feet ] met	T	below the HAG.			
E5. Zone AO only: If no flood depth number is availab floodplain management ordinance? Yes	No Unknow	. The local official mus	accordance with the	ation in Section G.			
and the second of the second o	MED OR OWNER	REPRESENTATIVE)	CERTIFICATION				
SECTION F - PROPERTY OW	MEK OK CANAEK	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.					
The property owner or owner's authorized representat	ive who completes S	ections A. B. and E for	Zone A (without a F	EMA-issued or my knowledge.			
The property owner or owner's authorized representat	ive who completes S he statements in Se	ections A. B. and E for	Zone A (without a F	EMA-issued or my knowledge.			
The property owner or owner's authorized representat community-issued BFE) or Zone AO must sign here. T	ive who completes S he statements in Se	ections A, B, and E for a	Zone A (without a F	EMA-issued or my knowledge. ZIP Code			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative	ive who completes S he statements in Se s's Name	ections A, B, and E for actions A, B, and E are c	Zone A (without a F orrect to the best of	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The property Owner or Owner's Authorized Representative Address	ive who completes S he statements in Se s's Name	ections A, B, and E for actions A, B, and E are c	Zone A (without a F orrect to the best of State	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address  Signature	ive who completes S he statements in Se s's Name	ections A, B, and E for ctions A, B, and E are c	Zone A (without a F orrect to the best of State	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address  Signature	ive who completes S he statements in Se s's Name	ections A, B, and E for ctions A, B, and E are c	Zone A (without a F orrect to the best of State	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address  Signature	ive who completes S he statements in Se s's Name	ections A, B, and E for ctions A, B, and E are c	Zone A (without a F orrect to the best of State	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address  Signature	ive who completes S he statements in Se s's Name	ections A, B, and E for ctions A, B, and E are c	Zone A (without a F orrect to the best of State	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address  Signature	ive who completes S he statements in Se s's Name	ections A, B, and E for ctions A, B, and E are c	Zone A (without a F orrect to the best of State	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address  Signature	ive who completes S he statements in Se s's Name	ections A, B, and E for ctions A, B, and E are c	Zone A (without a F orrect to the best of State	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address  Signature	ive who completes S he statements in Se s's Name	ections A, B, and E for ctions A, B, and E are c	Zone A (without a F orrect to the best of State	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address  Signature	ive who completes S he statements in Se s's Name	ections A, B, and E for ctions A, B, and E are c	Zone A (without a F orrect to the best of State	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address  Signature	ive who completes S he statements in Se s's Name	ections A, B, and E for ctions A, B, and E are c	Zone A (without a F orrect to the best of State	my knowledge.			
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address  Signature	ive who completes S he statements in Se s's Name	ections A, B, and E for ctions A, B, and E are c	Zone A (without a Forrect to the best of State Telephone	my knowledge.			

## **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including 4985 WESTERN DOCKS LANE	Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
NOKOMIS	Florida	34275	

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 Caption "Front View"

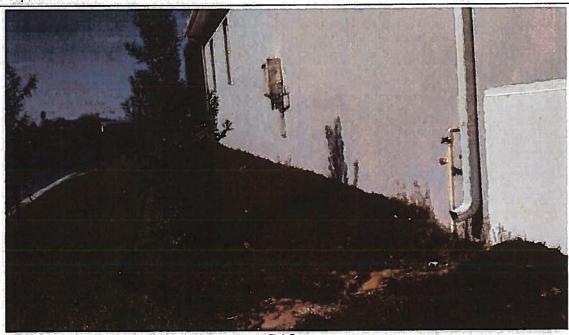


Photo Two Caption "Left Side View"

## **ELEVATION CERTIFICATE**

Continuation Page

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including 4985 WESTERN DOCKS LANE	g Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
NOKOMIS	Florida	34275	4 1

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.

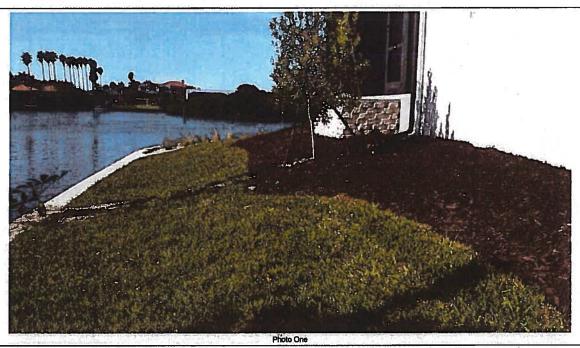


Photo One Caption "Rear Left Side View"

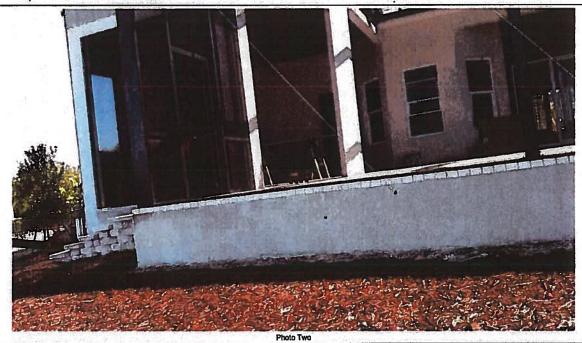


Photo Two Caption "Rear View"

## **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

IMPORTANT: In these spaces	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (includi 4985 WESTERN DOCKS LAND			
City	State	ZIP Code	Company NAIC Number
NOKOMIS	Florida	34275	

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.

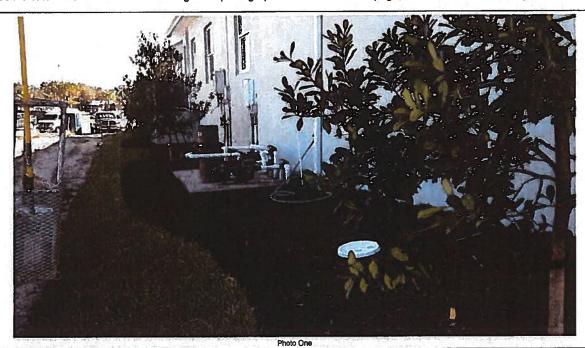


Photo One Caption "Right Side View"



Photo Two Caption "Right Side View"

## **ELEVATION CERTIFICATE**

**Continuation Page** 

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.  Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  4985 WESTERN DOCKS LANE			FOR INSURANCE COMPANY USE Policy Number:
NOKOMIS	Florida	34275	

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.

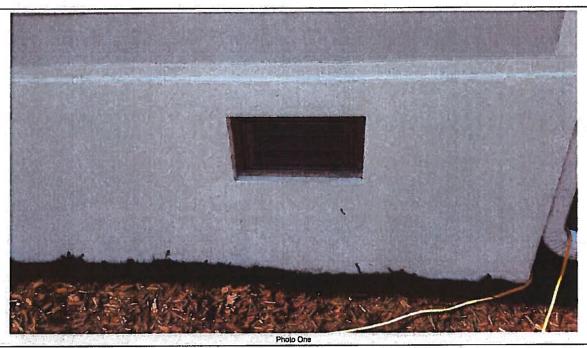


Photo One Caption "Flood Vent 1"

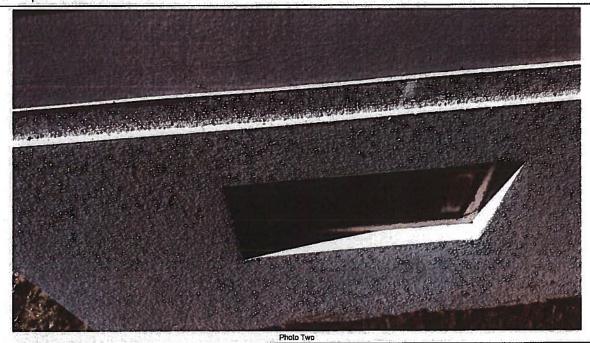


Photo Two Caption "Flood Vent 2"

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

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Building Street Address (including 4985 WESTERN DOCKS LANE	g Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
NOKOMIS	Florida	34275	A

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.

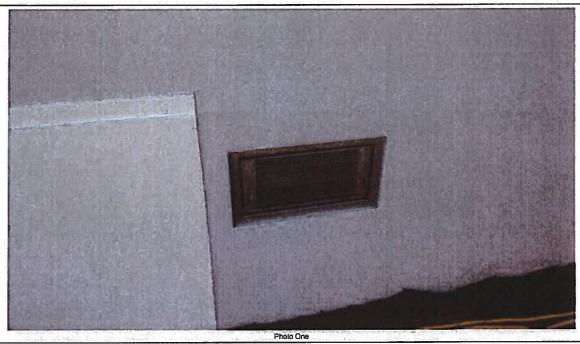


Photo One Caption "Flood Vent 3"

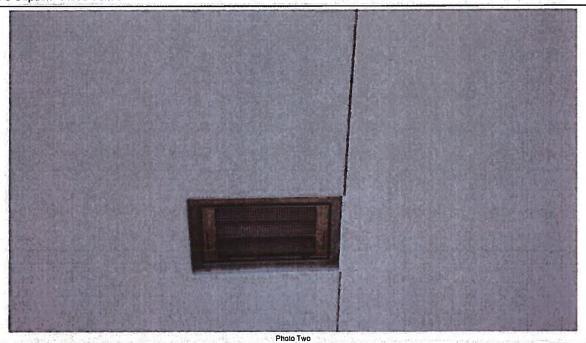


Photo Two Caption "Flood Vent 4"

## **ELEVATION CERTIFICATE**

Continuation Page

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including 4985 WESTERN DOCKS LANE	Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
NOKOMIS	Florida	34275	

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.

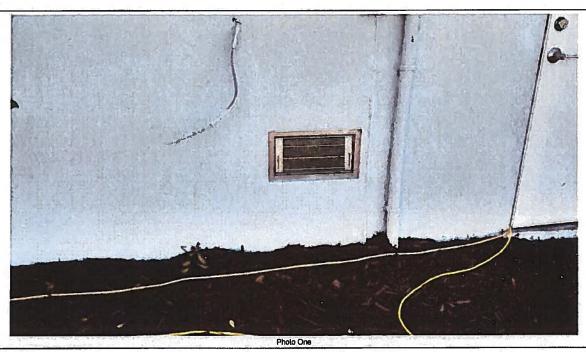


Photo One Caption "Flood Vent 5"

Photo Two

Photo Two

Photo Two Caption