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

☐ Check here if attachments.			The property was any executive to the
			£
			4
			e e
	C2(e) if applicable)	nment and location ner	Comments (including type of equipment and location, per C2(e), if applicable)
Control of the contro	Date	report or and the description of the second	Signature
	Telephone		Community Name
		0000	2,000
	Title		Local Official's Name
Committee of the Association of the Committee of the Comm	COMBAL G. N. COMBETTO C. B. C.		
et  meters Datum	feet	evation:	G10. Community's design flood elevation:
☐ meters Datum	The section of the se	of flooding at the building	G9. BFE or (in Zone AO) depth of flooding at the building site:
T motors	TO SELECT AND SELECT SE	ASSEMBLY A CENT	1
meters Datum		loor (including basemen	G8. Elevation of as-built lowest floor (including basement) of the building:
TO THE PROPERTY OF THE PROPERT		10 To 10 To	
	struction Substantial Improvement	11.77	G7. This permit has been issued for
William III o	Mark the state of		L9-00-67852L-6L
Complaince/Occupancy Issued		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
Date Certificate of	Permit Issued G6.	G5. Date	G4. Permit Number
The second sediment to the Application of the Appli		Table 1	
S. C. C. W.	The following Information (Items G4–G10) is provided for community floodplain management purpose	n (Items G4-G10) įs pro	G3.  The following information
		1.00ml	1630
MA-issued or community-issued BFE)	A community official completed Section E for a building located in Zone A (without a FEMA-issued or	npleted Section E for a l	Go A community official cor
the source and date of the elevation	engineer, or architect who is authorized by law to cermy elevation information: (indicate the source and data in the Comments area below.)	rea below.)	data in the Comments area below.)
and sealed by a licensed surveyor,	The information in Section C was taken from other documentation that has been signed and sealed by	on C was taken from oth	G1.  The information in Secti
STORY TO THE STORY OF THE STORY	The state of the s	Rico only, enter meters.	used in Items G8-G10. In Puerto
nanagement ordinance can complete gn below. Check the measurement	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	d by law or ordinance to this Elevation Certificate	The local official who is authorized Sections A, B, C (or E), and G of
- 100 mm - 1	- COMMUNITY INFORMATION (OPTIONAL)	SECTION G - CO	(C. 1512)
the second secon	di esperatore sufferium com-	Florida	VENICE
Company NAIC Number	te ZIP Code	State	City
Color Reliabor.	9908 WINGOOD DRIVE	9908 WINGOOD DRIVE	NIM 8066 Silvania Seat Varies (Illandia)
FOR INSURANCE COMPANY USE	Information from Section A.	opy the corresponding	Building Stroot Address (including Apt 11bit Suite and/or Bldg No Apt 2 Ports and
EXPRINCE DATE: INCVENTION OF ACTO		Ī	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.	rom Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bidg: No.) or P.O, Route and Box No. 9908 WINGOOD DRIVE	P.O, Route and Box No.	Poli <u>cy</u> Number:
City State VENICE Florida	ZIP Code 34292	Company NAIC Number
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY	RMATION (SURVEY NOT E A (WITHOUT BFE)	TREQUIRED)
For Zones AO and A (without BFE), complete items E1–E5. If the Certificate is intended to support a LOMA of complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement use enter meters.	cate is intended to support allable. Check the measur	
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation highest adjacent grade (HAG):  a) Top of bottom floor (including basement, crawlspace, or enclosure) is  b) Top of bottom floor (including basement, at the crawlspace, or enclosure) is  crawlspace, or endosure) is  grade (LAG):  if eet meters at the elevation and check the appropriate boxes to show whether the elevation in the crawlspace, or enclosure) is	riate boxes to show whether AG):	er the elevation is above or below ers
E2. For Building Diagrams' 6–9 with permanent flood openings provided in Section A items 8 and/or 9 the next higher floor (elevation ©2.b in the diagrams) of the building is	in Section A Îtems 8 and/or 9 ☐ feet ☐ meters	or 9 (see pages 1–2 of Instructions), ers □ above or □ below the HAG.
E3, Attached garage (top of slab) is	feet meters	
E4. Top of platform of machinery and/or equipment servicing the building is		ers ☐ 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 floodplain management ordinance? Yes No Unknown. The local official must certify this	) <u>bottom flo</u> or elevated in a wn, The local official mug	om floor elevated in accordance with the community's The local official must certify this information in Section G.
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	Sections A, B, and E for Z Sections A, B, and E are co	one A (without a FEMA-issued or prect to the best of my knowledge.
Address	City	Sale ZIP Code
Signature	Date :	[elephone
Comments		
		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.

	Designation Date:	
tected Area (OPA)? ☐ Yes 区 No	2. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area	B12.
-	Indicate elevation datum used for BFE in Item B9: 🔲 NGVD 1929 🔯 NAVD 1988 📋	B11.
m B9:	). Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item ☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:	B10.
10.7	Revised Date 711-04-2016 11-04-2016 AE	1211
od Dept	5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Date Effective/ Zone(s)	B4.
B3. State Florida	B1. NFIP Community Name & Community Number B2. County Name SARASOTA	SAF
ATION	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	ne. Sover
	d) Èngineered flood openings? ☐ Yes ☒ No	
	c) Total net area of flood openings in A9.b0.00 sq in	
0, 11,250, 2	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	
The state of the s	a) Square footage of attached garage 424.00 sq ft	
and the second s	r a building with an attached garage:	A9.
24 Tables 20 a. 12 Jean	Engineered flood openings?	
ALL SERVICE	100	
adjacent	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	
	For a building with a crawlspace or enclosure(s):  a) Square footage of crawlspace or enclosure(s)  N/A sq ft	A8.
ale best with the buttake Re-	Building Diagram Number 1B	A7.
rance.	Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	A6.
m: ☐ NAD 1927 🗵 NAD 1983	Latitude/Longitude: Lat. N 27°06'15.00" Long. W 82°22'38.23" Horizontal Datum:	A5.
	Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL	A4.
April destruction of the control of	Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  41, WATERCREST, UNIT 2, PLAT BOOK 52, PAGES 242 THRU 248 P.I.D. #0415110072	A3.
ZIP Code 34292	City State Florida	
Company NAIC Number:	No. 9908 WINGOOD DRIVE	
	Street Add	S
Policy Number:	Building Owner's Name LENNAR HOMES, LLC	A1.
FOR INSURANCE COMPANY USE	SECTION A - PROPERTY INFORMATION	Part Com

OMB No. 1660-0008

	8		
· · · · · · · · · · · · · · · · · · ·		The state of the s	The state of the s
	tions. If the structure.	ation, per CZ(e), it applicates Real Time GPS Observationated on the left side of	Comments (including type of equipment and location, per C2(e), if applicable)  1. A5: Latitude & Longitude were obtained from Real Time GPS Observations.  2. C2(e): Is the bottom of an air conditioner unit located on the left side of the structure
agent/company, and (3) building owner	unity official, (2) insurance	all attachments for (1) community	Copy all pages of this Elevation Certificate and all
Ext.	Telephone (941) 625-1165	Date 11-21-2019	Signature
STEVĖNIĄ, SOŅBERĠ 11/21/2019 PSM 6656	ZIP Code 33952	State Florida	PORT CHARLOTTE
Here		DING 5, SUITE # 501	Address 4161 ȚAMIAMI TRAIL, BUILDING
Sea			Company Name BANKS ENGINEERING
Place		R AND MAPPER	PROFESSIONAL SURVEYOR AND MAPPER
100 100 100 100 100 100 100 100 100 100	er PSM 6656	License Number	Certifier's Name STEVEN R. SONBERG
y law to certify elevation information. lable, I understand that any false.  Check here if attachments.	or architect authorized to interpret the data availe, Section 1001.	land surveyor, engineer, presents my best efforts ment under 18 U.S. God by a licensed land surv	This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to cert is certify that the information on this Certificate represents my best efforts to interpret the data available. I under statement may be purishable by fine or imprisonment under 18 U.S. Gode, Section 1001.  Were latitude and longitude in Section A provided by a licensed land surveyor?  No Che
CERTIFICATION	R ARCHITECT CERTII	SURVEYOR, ENGINEER, OR ARCHITECT	SECTION D - SUR
N/A  feet  meters	<u>ling</u>	on of deck or stairs, inclu	<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</li> </ul>
X i	W	building (HAG)	g) Highest adjacent (finished) grade next to building (HAG)
14,30 ▼ feet: ☐ meters		n in Comments)	
14.20 🗵 feet 🗌 meters			
☐ feet ☐ meters		l member (V Zones only)	<ul> <li>o) Bottom of the lowest horizontal structural member (V)</li> </ul>
feet	e floor)	crawlspace, or enclosur	
O Fook the moost remove troop	rthe BFE.	the same as that used for	Datum used for building elevations must be the same as that used for the BFE
	)) below.	lions in items a) through l	<
uction* X Finished Construction VAE, AR/A1–A30, AR/AH, AR/AO. rto Rico only, enter meters.	J Building Under Construction* building is complete. with BFE), AR, AR/A, AR/AE, AR/ cified in Item A7. In Puerto Rico o ⊅atum:ELEV=8.55' (NAVD88)	Construction Drawings*	Building elevations are based on: Construction Drawings* Building Under Construction* X4 new Elevation Certificate will be required when construction of the building is complete.  *A new Elevation Certificate will be required when construction of the building is complete.  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, Benchmark Utilized: NGS F 697  Vertical Datum: ELEV=8.55' (NAVD88)
(EQUIRED)	RMATION (SURVEY F	BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	T
Company NAIC Number	ZIP Code 34292	State Florida	VENICE
Policy Number:	D. Route and Box No.	e, and/or Bldg. No.) or P.	Building Street Address (including Apt., Unit; Suite, and/or Bldg. No.) or P.O. Route and Box No. 9908 WINGOOD DRIVE
FOR INSURANCE COMPANY USE	m Section A.	ponding information fro	IMPORTANT: In these spaces, copy the corresponding information from Section A
The second secon	To the state of th	The state of the s	ON OFFICE OF THE

## **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

City 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. 9908 WINGOOD DRIVE VENICE Florida State ZIP Code 34292 Policy Number: FOR INSURANCE COMPANY USE Company NAIC Number

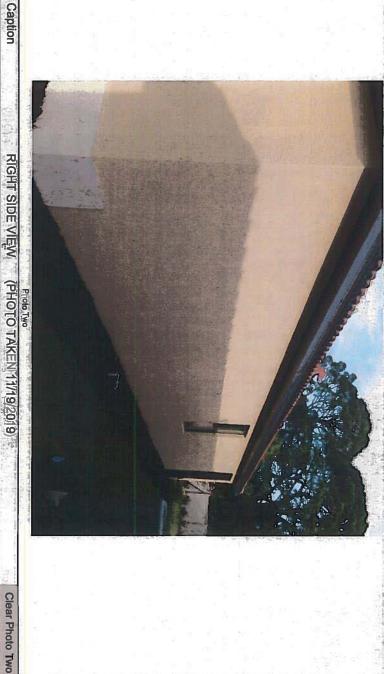
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View" and, if required, "Right Side View" and "Left Side View." When applicable, photographs 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

(PHOTO TAKEN-11/19/2019)

Clear Photo One



## BUILDING PHOTOGRÁPHS

Continuation Page

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

City IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. VENICE 9908 WINGOOD DRIVE State Florida ZIP Code 34292 Company NAIC Number Policy Number: FOR INSURANCE COMPANY USE

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.

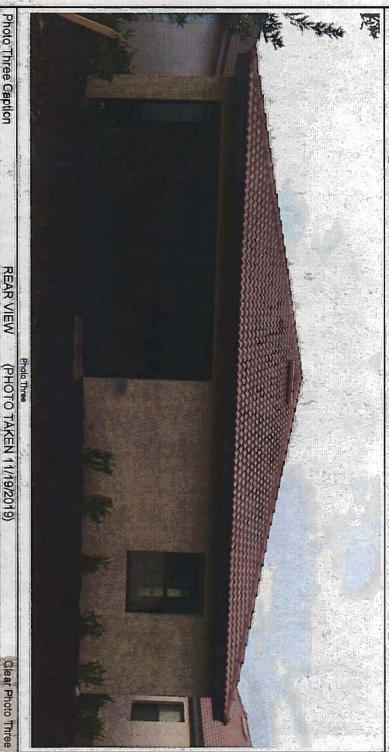
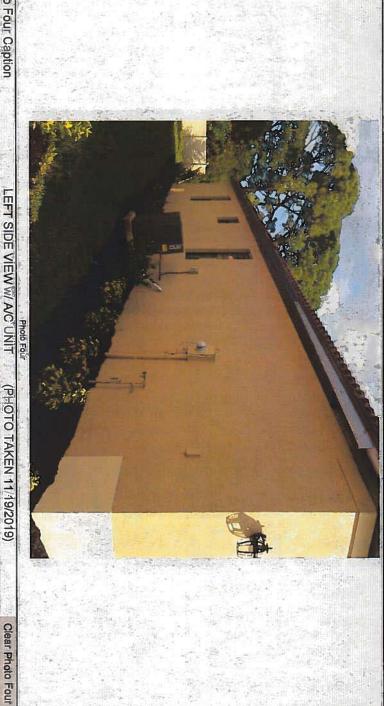


Photo Three Caption

(PHOTO TAKEN 11/19/2019)

Glear Photo Three



Replaces all previous editions