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

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

72488EC

# **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 INSUF	RANCE COMPANY USE		
A1. Building Owner's Name				Policy Num	ber:		
MELISSA SU							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				Company N	AIC Number:		
4901 COMMON	WEALTH DRIV	E					
City				State		ZIP Code	
SIESTA KEY	rintian /l at an	d Dlack Numbers Tax	Darasi	FLORIDA	acrintian atal	34242	
. ,	BLOCK 21, SIEST	d Block Numbers, Tax A BEACH, AS PER PLAT THE				PUBLIC RECOF	RDS OF SARASOTA
A4. Building Use (	e.g., Resident	ial, Non-Residential, A	ddition	Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longi	tude: Lat. <u>27.</u>	28165054 L	ong. <u>-8</u>	2.55398560	Horizontal Datur	n: NAD 1	927 X NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	ate is being used to	obtain flood insur	ance.	
A7. Building Diagra	am Number 1	В					
A8. For a building	with a crawlsp	ace or enclosure(s):					
a) Square foo	tage of crawls	pace or enclosure(s)	N/A	sq ft			
b) Number of	permanent flo	od openings in the crav	vlspac	e or enclosure(s) wi	ithin 1.0 foot above	adjacent gra	ade <sub>N/A</sub>
c) Total net ar	ea of flood op	enings in A8.b <sub>N/A</sub>	s	q in			
d) Engineered	flood opening	gs?					
A9. For a building	with an attach						
				sq ft			
,	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A  c) Total net area of flood openings in A9.b N/A sq in						
				sq in			
d) Engineered flood openings?							
	SE	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Commun	B1. NFIP Community Name & Community Number B2. County Name					B3. State	
5	SARASOTA COUNTY 125144		SARASOTA			FLORIDA	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E1	RM Panel fective/ evised Date	B8. Flood Zone(s	(Zoi	se Flood Elevation(s) ne AO, use Base od Depth)
12115C - 0141	F	11/4/2016		11/04/2016	AE	9'	·
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:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  \( \subseteq \) Yes \( \subseteq \) No							
Designation Date: N/A CBRS OPA							

## **ELEVATION CERTIFICATE**

72488EC

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

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or	Policy Number:			
4901 COMMONWEALTH DRIVE				
City	<sup>o</sup> Code	Company NAIC Number		
SIESTA KEY FLOI	RIDA 342	242		
SECTION C – BUILDING EL	EVATION INFORMA	TION (SURVEY R	EQUIRED)	
C1. Building elevations are based on: Construction	on Drawings* 🔲 Bu	ilding Under Constru	iction* X Finished Construction	
*A new Elevation Certificate will be required when co	onstruction of the build	ling is complete.		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.				
Benchmark Utilized: DL 1800 ; DL 1800 ; 3.62	Vertical Datum	1: <u>NAVD 88</u>		
Indicate elevation datum used for the elevations in it	tems a) through h) bel	OW.		
☐ NGVD 1929 💢 NAVD 1988 🗌 Other/S				
Datum used for building elevations must be the sam	e as that used for the	BFE.	Check the measurement used.	
a) Top of bottom floor (including basement, crawlsp	ace. or enclosure floo	r) 3.74		
b) Top of the next higher floor	•	N/A.		
c) Bottom of the lowest horizontal structural membe	er (V Zones only)			
d) Attached garage (top of slab)	or (v Zones omy)	N/A		
e) Lowest elevation of machinery or equipment sen	vicing the building	2. 3		
(Describe type of equipment and location in Com	nments)			
f) Lowest adjacent (finished) grade next to building		3. 3		
g) Highest adjacent (finished) grade next to building	g (HAG)	<u>3</u> . 4	X feet meters	
<ul> <li>h) Lowest adjacent grade at lowest elevation of dec structural support</li> </ul>	ck or stairs, including	N/A.	X feet  meters	
SECTION D – SURVEYOR,	ENGINEER, OR AF	CHITECT CERTIF	CATION	
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 lie			Check here if attachments.	
Certifier's Name	License Number		SHOFM	
JON SHOEMAKER	5144		JON SHOEMAKER  JUNISE NUMBER	
Title			LS 5144	
PROFESSIONAL SURVEYOR AND MAPPER				
Company Name				
FIRST CHOICE SURVEYING, INC. Address			<u> </u>	
			STATE OF STATE	
PO BOX 470978 City	State	ZIP Code	STATE OF FLORIDA STATE OF STAT	
•			NAL SURVEYOR	
LAKE MONROE Signature	FLORIDA  Date	32747 Telephone	7/20/2022	
Signature	7/20/2022	P: (407)951-3425	112012022	
Copy all pages of this Elevation Certificate and all attachme		, ,	agent/company, and (3) building owner.	
Comments (including type of equipment and location, per C2(e), if applicable)				
NOTE: C2.E = ELECTRIC BOX - ELECTRIC METER MEASURES 5.3FT TO THE GROUND. NOTE: THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON OR PERSONS NAMED ON THIS CERTIFICATE. THIS CERTIFICATE IS FOR FLOOD INSURANCE PURPOSES ONLY. THE INFORMATION ON THIS CERTIFICATE SHOULD NOT BE USED FOR CONSTRUCTION OR PLANNING.				
CENTERLINE ROAD ELEVATION: N/A				

## **ELEVATION CERTIFICATE**

72488EC

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

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and	Policy Number:				
4901 COMMONWEALTH DRIVE					
City	State	ZIP Code	Company NAIC Number		
	FLORIDA	34242			
SECTION E – BUILDING EL FOR ZON			REQUIRED)		
FOR ZONE AO AND ZONE A (WITHOUT BFE)  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 the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement, crawlspace, or enclosure) is		).	_		
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>	N/A	X feet	rs 🗌 above or 🗌 below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in the diagrams) of the building is	ppenings provided in	X feet  mete			
E3. Attached garage (top of slab) is	N/A	X feet  mete	rs 🗌 above or 🗌 below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is	N/A	X feet  mete	rs ☐ above or ☐ below the HAG.		
E5. Zone AO only: If no flood depth number is availab floodplain management ordinance? Yes			ccordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OW	NER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION		
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	e's Name				
Address	City	Si	tate ZIP Code		
Signature	Dat	e Te	elephone		
Comments					
			Check here if attachments.		

## **ELEVATION CERTIFICATE**

72488EC

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

IMPORTANT: In these spaces, copy the corr	<u> </u>		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, S	Policy Number:		
4901 COMMONWEALTH DRIVE			
City	State	ZIP Code	Company NAIC Number
SIESTA KEY	FLORIDA	34242	
SECTIO	ON G – COMMUNITY I	INFORMATION (OPTIONA	AL)
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		
			ed and sealed by a licensed surveyor, the the source and date of the elevation
G2. A community official completed Sect or Zone AO.	ion E for a building loca	ated in Zone A (without a F	EMA-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for co	ommunity floodplain manaç	gement purposes.
G4. Permit Number	G5. Date Permit Issu	ued G	Date Certificate of     Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	g basement)	□	feet
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	
Signature		Date	
Comments (including type of equipment and lo	cation, per C2(e), if app	plicable)	
			Check here if attachments.

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

See Instructions for Item A6. 72488FC

OMB No. 1660-0008

Expiration Date: November 30, 2022

12.0020				
IMPORTANT: 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.			Policy Number:	
4901 COMMONWEALTH DRIVE				
City	State	ZIP Code	Company NAIC Number	
SIESTA KEY	FLORIDA	34242		

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



Rear View

Front View Date: 07/19/2022



Right Side View



Left Side View

Left Side View: 07/19/2022

Rear View Date: 07/19/2022

Right Side View: 07/19/2022

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page 72488FC OMB No. 1660-0008

Expiration Date: November 30, 2022

		1210020	<u> </u>
IMPORTANT: 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.			Policy Number:
4901 COMMONWEALTH DRIVE			
City	State	ZIP Code	Company NAIC Number
SIESTA KEY	FLORIDA	34242	

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 Two

ELECTRIC METER OUTLET

Photo Three

Photo Four