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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

85860EC

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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 INSURANCE COMPANY USE
A1. Building Owner's Name: MATT WENZEL	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 670, 676 AND 684 SOUTH INDIANA AVENUE	Company NAIC Number:
City: ENGLEWOOD State: FLORIDA	ZIP Code:
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nu	mber:
PARCEL ID: 0504090034 AND 0504090036 AND 0504090037	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>26.94959068</u> Long <u>82.35359955</u> Horizontal Datum: 🗌 N	NAD 1927 🕱 NAD 1983 🗌 WGS 84
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	g (see Form pages 7 and 8).
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	? 🗌 Yes 🗌 No 🛛 X N/A
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings: 0 Engineered flood openings: 0 	above adjacent grade: -
d) Total net open area of non-engineered flood openings in A8.c: 0 sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructi	ons): <u>o </u>
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage	? 🗌 Yes 🗌 No 🛛 X N/A
 c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adj Non-engineered flood openings: 	

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES	9-19 85860EC			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: FOR INSURANCE COM				
City: ENCLEWOOD State: ELOPIDA ZIP Code: 34223	Policy Number: Company NAIC Number:			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY	REQUIRED)			
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Since Construction *A new Elevation Certificate will be required when construction of the building is complete.				
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, A A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In P Benchmark Utilized: <u>GPS: T 697 ; DL2695 ; 11.04</u> Vertical Datum: <u>NAVD 1988</u>				
Indicate elevation datum used for the elevations in items a) through h) below.				
Datum used for building elevations must be the same as that used for the BFE. Conversion factor use If Yes, describe the source of the conversion factor in the Section D Comments area.	ed? Yes X No Check the measurement used:			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 10.2	\mathbf{X} feet $\mathbf{\Box}$ meters			
b) Top of the next higher floor (see Instructions):	X feet meters			
c) Bottom of the lowest horizontal structural member (see Instructions):	X feet meters			
d) Attached garage (top of slab):	X feet meters			
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	X feet meters			
f) Lowest Adjacent Grade (LAG) next to building: Natural X Finished 9.4	X feet meters			
g) Highest Adjacent Grade (HAG) next to building: Natural X Finished 10.1	X feet meters			
 h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 	X feet meters			
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTI	FICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by s information. I certify that the information on this Certificate represents my best efforts to interpret the 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 and describe in the Comments area.				
Certifier's Name: JON SHOEMAKER License Number: 5144	SHOEMAK			
Title: PROFESSIONAL SURVEYOR AND MAPPER				
Company Name: FIRST CHOICE SURVEYING, INC.				
Address: PO BOX 470978				
City: LAKE MONROE State: FLORIDA ZIP Code: 32747				
Signature: Date: 11/8/2023				
Telephone: P: (407)951-3425 Ext.: Email: Image: Construction of the second				
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): NOTE: C2.E = AC UNIT PAD. 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:				

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and B 670, 676 AND 684 SOUTH INDIANA AVENUE				
City: ENGLEWOOD State: FLORIDA ZIP Code: 3422	Policy Number: Company NAIC Number:			
SECTION E – BUILDING MEASUREMENT INFORMATION FOR ZONE AO, ZONE AR/AO, AND ZONE A	• •			
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.				
Building measurements are based on: Construction Drawings* Building Und *A new Elevation Certificate will be required when construction of the building is comp				
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following ar measurement is above or below the natural HAG and the LAG.	nd check the appropriate boxes to show whether the			
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	meters above or below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	meters above or below the LAG.			
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A next higher floor (C2.b in applicable Building Diagram) of the building is:				
E3. Attached garage (top of slab) is:	meters above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is:	meters above or below the HAG.			
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor floodplain management ordinance? Yes No Unknown The log	r elevated in accordance with the community's ocal official must certify this information in Section G.			
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED	REPRESENTATIVE) CERTIFICATION			
The property owner or owner's authorized representative who completes Sections A, I sign here. The statements in Sections A, B, and E are correct to the best of my knowled				
Check here if attachments and describe in the Comments area.				
Property Owner or Owner's Authorized Representative Name:				
Address:				
City:	State: ZIP Code:			
Signature: Date:				
Telephone: Ext.: Email:				
Comments:				

ELEVATION CERTIFICATE

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670, 676 AND 684 SOUTH INDIANA AVENUE Policy Number: City: ENGLEWOOD State: FLORIDA ZIP Code: 34223 Company NAIC Number: Company NAIC Number:				
SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)				
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:				
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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)				
G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.				
G2.b. 🗌 A local official completed Section H for insurance purposes.				
G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.				
G4. The following information (Items G5–G11) is provided for community floodplain management purposes.				
G5. Permit Number: G6. Date Permit Issued:				
G7. Date Certificate of Compliance/Occupancy Issued:				
G8. This permit has been issued for: ONew Construction Substantial Improvement				
G9.a. Elevation of as-built lowest floor (including basement) of the building:				
G9.b. Elevation of bottom of as-built lowest horizontal structural member:				
G10.a. BFE (or depth in Zone AO) of flooding at the building site:				
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural				
member: [] feet [] meters Datum:				
G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.				
The local official who provides information in Section G must sign here. I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.				
Local Official's Name: Title:				
NFIP Community Name:				
Telephone: Ext.: Email:				
Address:				
City: State: ZIP Code:				
Signature: Date:				
Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):				

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Building Street Address (including Apt., Unit, 670, 676 AND 684 SOUTH INDIANA AVENUE	Suite, and/or Bldg. No.) o	r P.O. Route and Box N	0.:	FOR INSURANCE COMPANY USE
City: ENGLEWOOD	State: FLORIDA	ZIP Code: 34223		Policy Number: Company NAIC Number:
SECTION H – BUIL	DING'S FIRST FLOOI		ATION F	
	NOT REQUIRED) (FO			
The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). <i>Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.</i>				
H1. Provide the height of the top of the floo	or (as indicated in Found	ation Type Diagrams) a	above the	Lowest Adjacent Grade (LAG):
 a) For Building Diagrams 1A, 1B, 3, floor (include above-grade floors only f subgrade crawlspaces or enclosure flo 	or buildings with		feet	meters above the LAG
b) For Building Diagrams 2A, 2B, 4, higher floor (i.e., the floor above basen enclosure floor) is:			feet	meters above the LAG
H2. Is all Machinery and Equipment servic H2 arrow (shown in the Foundation Ty Yes No				
SECTION I – PROPERTY OV	VNER (OR OWNER'S	AUTHORIZED REP	RESEN	TATIVE) CERTIFICATION
The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. <i>The statements in Sections A, B, and H are correct to the best of my knowledge</i> . Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.				
Property Owner or Owner's Authorized Rep			allacime	ni in the comments area.
Address:				
City:		Sta	ate:	ZIP Code:
Signature:		Date:		
	: Email:	2 4 4 4 4		
Comments:				

See Instructions for Item A6.

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Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Front View 11/08/2023



Photo Two

Photo Two Caption: Rear View 11/08/2023

Continuation Page

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Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side		

View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

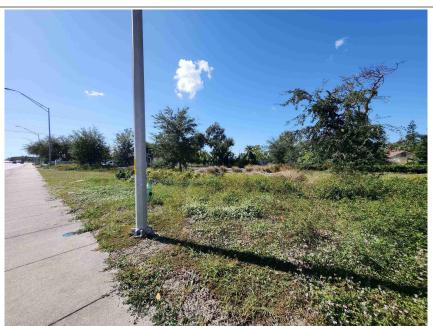


Photo Three

Photo Three Caption: Right Side View 11/08/2023



Photo Four Caption: Left Side View 11/08/2023

See Instructions for Item A6.

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Photo Five

Photo Five Caption:

Photo Six

Photo Six Caption:

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See Instructions for Item A6.

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Photo Seven

Photo Seven Caption:

Photo Eight

Photo Eight Caption:

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