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				Policy Num	iber:		
Bay Lake Estates	Address fine	· Par And I take Online		Did- No.) on D.O.	- Barda and		
A2. Building Street Box No.	: Address (Inci	luding Apt., Unit, Suite	, ana/o	r Blag. No.) or P.U.	. Route and	Company N	NAIC Number:
42 Orange Blosson	n Trail						
City				State		ZIP Code	
Nokomis	1-4 /l ot or	d Pleas Mumbers Tax	Darne	Florida	in the state	34275	
Lot 42, Bay Lake E		nd Block Numbers, Tax mis Florida, 34275	Parce	Number, Legai De	escription, etc.)		8 1
A4. Building Use (e.g., Resident	tial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longit	tude: Lat. <u>27</u>	'.072103	Long. <u>8</u>	32.261471	Horizontal Datum	n: NAD	1927 X NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being used t	to obtain flood insur	ance.	
A7. Building Diagra		5		2 -			
	_	pace or enclosure(s):					
		space or enclosure(s)	N/A	A sq.ft			
		ood openings in the cra		·	within 1.0 foot above	e adiacent gr	rade N/A
c) Total net are	`-			sq in	Tidiii ne iesta	aujuse	14/7
				A aı			
d) Engineered	11000 Obermi	gs? ☐ Yes ☒ No)				
A9. For a building v	with an attach	ed garage:					
a) Square foot	tage of attach	ed garage N/A		sq ft			
b) Number of	permanent flo	ood openings in the atta	ached (garage within 1.0 fc	oot above adjacent	grade	N/A
c) Total net are	ea of flood op	enings in A9.b N/	/Δ	sq in			
d) Engineered		-	-	. 54			
d/ Engineered	. Ilour opering	les □ les ☑	J				
131	SE	CTION B - FLOOD IN	ISUR/	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi	ity Name & Co	ommunity Number		B2. County Name	ð	7 1	B3. State
Sarasota County 1:	25144			Sarasota			Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	FIRM Panel Effective/ Revised Date	B8. Flood Zone(s	(Zo	se Flood Elevation(s) one AO, use Base od Depth)
0327	E	09/29/1996		3/1992	×	N/A	ou bopai,
		Base Flood Elevation (I	•		epth entered in Item	n B9 :	
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate eleva	ation datum u	sed for BFE in Item B9	: 🗵 N	IGVD 1929 🔲 N/	AVD 1988	ther/Source:	
B12. Is the building	g located in a	Coastal Barrier Resou	irces S	vstem (CBRS) area	a or Otherwise Prote	ected Area (OPA)? ☐ Yes ☒ No
Designation D	_		CBRS	☐ OPA			
September 19 Septe	-	to reador to article biometrical production and antique before			the second state of the second state of the second	A Salah Dan Calabara and A Calabara	that are the property of the example of the country

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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. 42 Orange Blossom Trail				Policy Number:
City Noko			Code 275	Company NAIC Number
	SECTION C - BUILDING E	LEVATION INFORMA	TION (SURVEY R	EQUIRED)
	*A new Elevation Certificate will be required when	construction of the build		
C2.	Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the bulbenchmark Utilized: SEE COMMENTS	i), VE, V1–V30, V (with E uilding diagram specified Vertical Datum	in Item A7. In Puert	AE, AR/A1-A30, AR/AH, AR/AO. to Rico only, enter meters.
	Indicate elevation datum used for the elevations in			
	■ NGVD 1929 NAVD 1988 Other Datum used for building elevations must be the sa	r/Source:		
				Check the measurement used.
	a) Top of bottom floor (including basement, crawled)	space, or enclosure floo	•	
	b) Top of the next higher floor		N/A	
	c) Bottom of the lowest horizontal structural memi	ber (V Zones only)	N/A	
	d) Attached garage (top of slab)		N/A	X feet meters
	e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Co	omments)	13. 85	X feet meters
	f) Lowest adjacent (finished) grade next to building	ng (LAG)	<u> </u>	X feet
	g) Highest adjacent (finished) grade next to buildi	ng (HAG)	<u>12</u> . <u>2</u>	X feet meters
	 h) Lowest adjacent grade at lowest elevation of destructural support 	eck or stairs, including	<u>N/A</u> .	X feet meters
V	SECTION D - SURVEYOR	R, ENGINEER, OR AF	CHITECT CERTIF	ICATION
I cei	s certification is to be signed and sealed by a land s rtify that the information on this Certificate represent ement may be punishable by fine or imprisonment	nts my best efforts to inte	erpret the data availa	y law to certify elevation information. able. I understand that any false
l .	re latitude and longitude in Section A provided by a			Check here if attachments.
	tifier's Name	License Number		(mil) 11/10.
	n Yarman	LS 6891		
1	ESIDENT		3	
	npany Name AN P. YARMAN, PSM, INC.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Seal
	ress LAKESHORE DRIVE		3.	12011
City NO	KOMIS \	State Florida	ZIP Code 34275	108/16/2016
Sigr	nature Solution	Date 08/16/2016	Telephone (941) 536-3495	
Copy	y all pages of this Elevation Certificate and all attachn	nents for (1) community (official, (2) insurance	agent/company, and (3) building owner.
1. T Alur elev 2. T	nments (including type of equipment and location, p he Benchmark used is a NGS benchmark designat minum disk on a concrete monument, at the Northe ration of 11.03 feet 1988 NAVD vertical datum, tra he bottom of the beam is at elevation 13.82 1988 N he lowest elevation of machinery (C2e) is the elect	tion L 723, PID: DMS502 east corner of Edmondso anslated using Corpscor NAVD.	n Road and Albee F	Farm Road, having a published

ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or 42 Orange Blossom Trail	P.O. Route and Box No.	Policy Number:		
City State Nokomis Florida	ZIP Code 34275	Company NAIC Number		
SECTION E - BUILDING ELEVATION INFO FOR ZONE AO AND ZON		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		rs above or below the HAG.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is				
E2. For Building Diagrams 6–9 with permanent flood openings provided	d in Section A Items 8 and/or	9 (see pages 1–2 of Instructions),		
the next higher floor (elevation C2.b in the diagrams) of the building is	feet mete			
E3. Attached garage (top of slab) is	feet mete	rs 🗌 above or 🔲 below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is	feet mete	rs 🔲 above or 🔲 below the HAG.		
E5. Zone AO only: If no flood depth number is available, is the top of th floodplain management ordinance? Yes No Unknown		cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWNER (OR OWNE	R'S REPRESENTATIVE) CI	ERTIFICATION		
The property owner or owner's authorized representative who complete:	· · · · · · · · · · · · · · · · · · ·			
community-issued BFE) or Zone AO must sign here. The statements in	Sections A, B, and E are con	rect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's Name				
Address	City St	ate ZIP Code		
Signature	Date Te	elephone		
Comments				
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91		-		
		_		
		e .		
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ELEVATION CERTIFICATE

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

Building Street Address (including Apt, Unit, Sulte, and/or Bidg, No.) or P.O. Route and Box No. 42 Crange Blossom Trail City	IMPORTANT: In these spaces, copy the corresponding information	FOR INSURANCE COMPANY USE			
Nokomis		Policy Number:			
The local official who is authorized by law or ordinance to administer the community's floodplain management critinance 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 used in items 69–670. In Puretr Rico criti, enter meters. g1.	-		Company NAIC Number		
Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items 68-401. In Puter Ricco July, and the meters. G1.	SECTION G - COMMUNITY	INFORMATION (OPTIONAL)			
G2. A community official completed Section E for a building located in Zone A (without a FEMA-Issued or community-Issued BFE) or Zone AO. G3. The following information (Items G4-G10) is provided for community floodplain management purposes. G4. Permit Number G5. Date Permit Issued G6. 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 basement) feet meters Datum G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters Datum G9. Community's design flood elevation: feet meters Datum G9. Community G9. Date G9. Date	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 used in Items G8–G10. In Puerto Rico only, enter meters. G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor,				
Compliance/Occupancy Issued G7. This permit has been issued for: New Construction Substantial Improvement G8. Elevation of as-built lowest floor (including 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 Signature Date Comments (including type of equipment and location, per C2(e), if applicable)	G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.				
G8. Elevation of as-built lowest floor (including basement)	125748				
Local Official's Name Telephone Signature Date Comments (including type of equipment and location, per C2(e), if applicable)	G8. Elevation of as-built lowest floor (including basement) of the building:		Datam		
Community Name Telephone Signature Date Comments (including type of equipment and location, per C2(e), if applicable)	G10. Community's design flood elevation:	feet	meters Datum		
Signature Date Comments (including type of equipment and location, per C2(e), if applicable)	Local Official's Name	Title			
Comments (including type of equipment and location, per C2(e), if applicable)	Community Name	Telephone			
	Signature	Date			
☐ Check here if attachments.	Comments (including type of equipment and location, per C2(e), if ap	plicable)			
☐ Check here if attachments.					
☐ Check here if attachments.					
		the gase that we are simplest trapped to the the largest section of the second	☐ Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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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. 42 Orange Blossom Trail			FOR INSURANCE COMPANY USE	
			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.

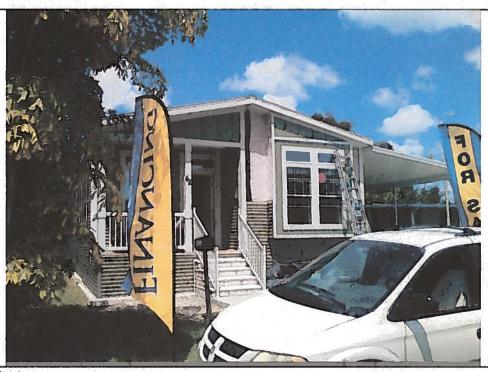


Photo One Caption Front



Photo Two Caption Rear

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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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. 42 Orange Blossom Trail			FOR INSURANCE COMPANY USE	
			Policy Number:	
City	State	ZIP Code	Company NAIC Number	
Nokomis	Florida	34275	11	

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 Left



Photo Two Caption Right