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 INSURANCE COMPANY USE	
A1. Building Owner's Name				3 €	Policy Num	ber:	
ELAINE YAEGER	v			s nc=	4	= 2	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.1484 GRASSY SPRAIN ST					Company N	IAIC Number:	
City SARASOTA	11		State Florida		ZIP Code 34234		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 175, TRI-PAR ESTATES, UNIT NO 4,							
A4. Building Use (e.g., Residenti	al, Non-Residential,	Addition,	Accessory,	etc.) RESIDEN	TIAL	N.	
A5. Latitude/Longitude: Lat. 27	7.374720	Long8	2.540863	Horizonta	l Datum: NAD '	1927 X NAD 1983	
A6. Attach at least 2 photograph	s of the building if the	Certific	ate is being u	sed to obtain floo	d insurance.		
A7. Building Diagram Number	5						
A8. For a building with a crawlsp	ace or endosure(s):						
a) Square footage of crawls	pace or enclosure(s)			N/A sq ft			
b) Number of permanent floo	od openings in the cra	wispace	or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A	
c) Total net area of flood ope	enings in A8.b		N/A sq in				
d) Engineered flood openings?							
A9. For a building with an attached garage:							
a) Square footage of attached garageN/A 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							
d) Engineered flood openings? Yes No							
dy Engineered nood openings: [] Fes [X] No							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Co CITY OF SARASOTA-125150	ommunity Number		B2. County SARASOTA		, T	B3. State Florida	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	I levation(s) e Base Flood Depth)	
12115C-0131 F	11-04-2016	11-04-2	vised Date 2016	AE	17.4 FEET		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🔲 Yes 🗵 No							
Designation Date: CBRS OPA							
				F1 170	- 10	x 1 2	

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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, 1484 GRASSY SPRAIN ST	Policy Number:					
City SARASOTA		ZIP Code 34234	Company NAIC Number			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Constant A new Elevation Certificate will be required volume to Elevations – Zones A1–A30, AE, AH, A (with Complete Items C2.a–h below according to the Benchmark Utilized: J 279 Indicate elevation datum used for the elevation in NGVD 1929 NAVD 1988 NAVD 198	struction Drawings*	Building Under Construuilding is complete. Ith BFE), AR, AR/A, AR/ ied in Item A7. In Puert Implementation of the Item A7. In	uction* X Finished Construction /AE, AR/A1–A30, AR/AH, AR/AO,			
h) Lowest adjacent grade at lowest elevation structural support	of deck or stairs, including	9	N/A ✓ feet ✓ meters			
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
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 licensed land surveyor? Yes X No Check here if attachments.						
Certifier's Name LELAND E. BEDWELL Title REGISTERED SURVEYOR Company Name LELAND E. BEDWELL SURVEYING, INC. Address 3423 55TH DRIVE EAST City RPADENTON	License Number PSM 5884 State	ZIP Code	Digitally signed by Leland e. Bedwell Date: 2018.04.06			
BRADENTON	Florida	34203	4-4-2018			
Date 4-4-2018 Telephone Ext. (941) 753-9994 NA Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable) LATITUDE LONGITUDE TO BE PROVIDED GOOGLE EARTH, LOWEST MACHINERY/ EQUIPMENT SERVICING THE BUILDING BEING AC SEE ATTACHED., MOBILE HOME AREA = 1377 SQ. FT. BOTTOM FRAME 17.5 FEET						
NOTE, THIS CERTIFICATE IS NONTRANSFERA	BLE, AND IS ONLY VALID) TO: ELAINE YAEGE!	R			

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	Α. [OR INSURANCE	COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Blo 1484 GRASSY SPRAIN ST	lg. No.) or P.O. Route and	Box No.	Policy Number:			
City State SARASOTA Florida	ZIP Code 34234		Company NAIC Nur	mber		
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT 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 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	N/A fe	eet	above or	below the HAG.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	N/A fe	eet	above or	below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood opening the next higher floor (elevation C2.b in		ems 8 and/or 9	(see pages 1-2 of	Instructions),		
the diagrams) of the building is	N/A _	eet meters	above or			
E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment	N/A fe	eet	above or	below the HAG.		
servicing the building is	7	et meters	above or			
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.						
SECTION F - PROPERTY OWNER (C	R OWNER'S REPRESE	NTATIVE) CER	TIFICATION	9.0		
The property owner or owner's authorized representative who community-issued BFE) or Zone AO must sign here. The state	completes Sections A, B ements in Sections A, B,	and E for Zone and E are corre	e A (without a FEM/ ct to the best of my	A-issued or knowledge.		
Property Owner or Owner's Authorized Representative's Name N/A						
Address						
N/A	City N/A	State	_	ZIP Code N/A		
			_			
N/A	N/A		()			
N/A Signature	N/A		()			
N/A Signature	N/A		()			
N/A Signature	N/A		()			
N/A Signature	N/A		()			
N/A Signature	N/A		()			
N/A Signature	N/A		()			
N/A Signature	N/A		()			
N/A Signature	N/A		()			
N/A Signature	N/A		()			

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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. Policy Number: 1484 GRASSY SPRAIN ST State City ZIP Code Company NAIC Number SARASOTA Florida 34234 SECTION G - COMMUNITY INFORMATION (OPTIONAL) 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, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) 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: G8. Elevation of as-built lowest floor (including basement) ☐ feet ☐ meters of the building: Datum ☐ feet ☐ meters G9. BFE or (in Zone AO) depth of flooding at the building site: Datum feet meters G10. Community's design flood elevation: Datum Local Official's Name Title Community Name Telephone Signature Date Comments (including type of equipment and location, per C2(e), if applicable) 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.

1484 GRASSY SPRAIN ST

City State ZIP Code Company NAIC Number SARASOTA Florida 34234

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.

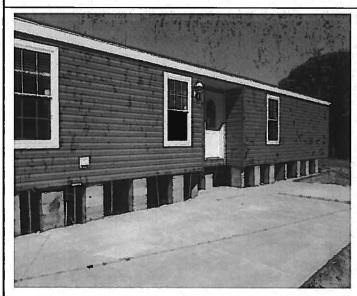




Photo One

Photo One Caption

Clear Photo One





Photo Two

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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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. 1484 GRASSY SPRAIN ST	Policy Number:	
City State ZIP Code SARASOTA Florida 34234	Company NAIC Number	
If submitting more photographs than will fit on the preceding page, affix the additional photograwith: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "photographs must show the foundation with representative examples of the flood openings or vent	Left Side View." When applicable.	
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Photo Three		
	1 8	
Photo Three		
Photo Three Caption	Clear Photo Three	
	7 TV	
	x 5	
Photo Four		
Photo Four Caption	Clear Photo Four	