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 INFOR		ity Ullicial, (2) illo			
A1. Building Owner's Name					FOR INSURANCE COMPANY USE Policy Number:	
WILLIAM H. & TERRI L. LUTHY						
A2. Building Street Address (including Ap Box No. 1604 BAYWINDS LANE	t., Unit, Suite, and/o	or Bldg. No.) o	or P.O. Route and	Company I	NAIC Number:	
City		State		ZIP Code		
SARASOTA		Florida		34231		
A3. Property Description (Lot and Block N LOT 13, BAYWINDS ESTATES, TAX ID #		l Number, Le	gal Description, e	etc.)		
A4. Building Use (e.g., Residential, Non-F	esidential, Addition	, Accessory,	etc.) RESIDE	NTIAL		
A5. Latitude/Longitude: Lat. 27.26039°	Long.	32.53369°	Horizont	al Datum: NAD	1927 X NAD 1983	
A6. Attach at least 2 photographs of the bu	ilding if the Certific	ate is being u				
A7. Building Diagram Number <u>6 & 1B</u>						
A8. For a building with a crawispace or en	closure(s):					
a) Square footage of crawlspace or e	nclosure(s)		1275 sq ft			
b) Number of permanent flood openin	gs in the crawlspac	e or enclosur	e(s) within 1.0 foo	ot above adiacent or	ade 8	
c) Total net area of flood openings in		1024 sq ir				
d) Engineered flood openings?	Yes No					
A9. For a building with an attached garage					ø	
a) Square footage of attached garage 582 sq ft						
b) Number of permanent flood opening				lineant areada. 4		
				ijaceni grade 4		
c) Total net area of flood openings in A9.b 512 sq in						
d) Engineered flood openings? X Yes No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number		B2. County Name			B3. State	
SARASOTA COUNTY - 125144		SARASOTA			Florida	
B4. Map/Panel B5. Suffix B6. FIRM Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)	
12015C-0143 F 11-04-20			AE	11'		
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 BF	E in Item B9: 🔲 N	GVD 1929	X NAVD 1988	Other/Source:		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?						
Designation Date: CBRS OPA						

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IMPORTANT: In these spaces, copy the corre			FOR IN	SURANG	CE COMPANY USE	
Building Street Address (including Apt., Unit, Sui 1604 BAYWINDS LANE	te, and/or Bldg. No.) or P.	O. Route and Box No.	Policy N			
City State ZIP Code SARASOTA Florida 34231			Compan	Company NAIC Number		
SECTION C - BUIL	DING ELEVATION INFO	PRIMATION (SURVEY R	EQUIRED))	18 1 E 18 18	
*A new Elevation Certificate will be require C2. Elevations – Zones A1–A30, AE, AH, A (w	d when construction of the	with REE) AR AR/A AR	DIAE ADIA	1_430	hed Construction AR/AH, AR/AO.	
Benchmark Utilized: FDOT BM#4 EL: 23.8	o the building diagram spe 36' Vertical [ocified in Item A7. In Puer Datum: <u>NGVD1929</u>	to Rico on	y, enter	meters.	
Indicate elevation datum used for the elevation NGVD 1929 X NAVD 1988	Other/Source:					
Datum used for building elevations must be	the same as that used for	or the BFE.	Chec	k the me	easurement used.	
a) Top of bottom floor (including basemen	t, crawlspace, or enclosur	e floor)		⊠ feet	meters	
b) Top of the next higher floor			16.7	× feet	meters	
c) Bottom of the lowest horizontal structure	al member (V Zones only)	= 12 v	N/A	✓ feet	meters	
d) Attached garage (top of slab)			5.4	✓ feet	meters	
e) Lowest elevation of machinery or equipment servicing the building			12.3	⊠ feet	meters	
f) Lowest adjacent (finished) grade next to	f) Lowest adjacent (finished) grade next to building (LAG)			✓ feet	meters	
g) Highest adjacent (finished) grade next t	o building (HAG)		5.2	✓ feet	meters	
h) Lowest adjacent grade at lowest elevati structural support	h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support				meters	
SECTION D - SUR	VEYOR, ENGINEER, O	R ARCHITECT CERTIF	ICATION			
This certification is to be signed and sealed by a l certify that the information on this Certificate restatement may be punishable by fine or imprison			y law to cer able. I unde	rtify eleverstand (ration information. that any false	
Were latitude and longitude in Section A provide					e if attachments.	
Certifier's Name	License Numb	9r			1111121	
GREGORY RIETH 5228			3	Shimming the same		
Title PSM/CFM			28			
Company Name STRAYER SURVEYING AND MAPPING, INC.				P	ace v	
Address 742 SHAMROCK BLVD				AH	ere	
City VENICE	State Florida	ZIP Code 34293	7),50			
Signature R T	Date 06-07-2018	Telephone (941) 497-1290	Ext.	- :///	11113)	
Copy all pages of this Elevation Certificate and all	attachments for (1) commu	nity official, (2) insurance	agent/comp	any, and	d (3) building owner.	
Comments (including type of equipment and local FILE #16-07-23. THE OUTSIDE A/C UNIT ON TO DERIVED FROM A HAND HELD G.P.S. UNIT (VENTS", ENGINEERED FOR 600 SQUARE INCOMMENTAL NOT N.G.V.D. 1929 DATUM TO N.A.V.D. 1988 DATURE & RAISED SEAL.	ation, per C2(e), if applical THE WEST SIDE OF THE GPSTEST APP - NO CON CHES (TOTAL), ELEVATION	ble) HOME WAS USED FOR IVERSION). SUBJECT S ONS SHOWN IN SECTION	SECTION TRUCTUR	C2e. S	ECTION A5 WAS 3 "SMART	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correct			FOR INSU	RANCE COMPANY USE
Building Street Address (including Apt., Unit, Suit 1604 BAYWINDS LANE	te, and/or Bldg. No.) o	or P.O. Route and Box I	No. Policy Num	ber:
City SARASOTA	State Florida	ZIP Code 34231	Company N	IAIC Number
SECTION E - BUILDIN FOR	IG ELEVATION INF ZONE AO AND ZO	ORMATION (SURVE) NE A (WITHOUT BFE	NOT REQUIRED))
For Zones AO and A (without BFE), complete Ite complete Sections A, B,and C. For Items E1–E4, enter meters.	ms E1-E5. If the Cert , use natural grade, if	ificate is intended to su available. Check the m	pport a LOMA or LO easurement used. I	OMR-F request, n Puerto Rico only,
E1. Provide elevation information for the followin the highest adjacent grade (HAG) and the lo	owest adjacent grade (opriate boxes to show v	whether the elevation	n is above or below
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 			meters above	e or
 Top of bottom floor (including basement, crawlspace, or enclosure) is 				e or \square below the LAG.
E2. For Building Diagrams 6–9 with permanent f	flood openings provide	ed in Section A Items 8		
the next higher floor (elevation C2.b in the diagrams) of the building is			20 1 1 2 3 1	or below the HAG.
E3. Attached garage (top of slab) is		feet	meters above	or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	ent	[] feet [meters above	or Delow the HAG.
E5. Zone AO only: If no flood depth number is a floodplain management ordinance? Ye	vailable, is the top of t	he bottom floor elevate	d in accompance with	the communities
SECTION F - PROPERTY		a lan at a to a to a to		
The property owner or owner's authorized repres- community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent Address	ere. The statements in	Sections A, B, and E a	are correct to the be	st of my knowledge. ZIP Code
Signature		Date	Tolophone	
		Date	Telephone	
Comments				
			☐ Che	ck here if attachments.

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the c				INSURANCE COMPANY USE
Building Street Address (including Apt., Unit 1604 BAYWINDS LANE		or P.O. Route and Box N	No. Policy	Number:
City SARASOTA	State Florida	ZIP Code 34231	Comp	any NAIC Number
SEC	TION G - COMMUNITY	INFORMATION (OPTIO	NAL)	
The local official who is authorized by law o Sections A, B, C (or E), and G of this Eleva- used in Items G8-G10. In Puerto Rico only	don Cermicata. Complete	the community's floodpla the applicable item(s) an	in manageme id sign below.	ent ordinance can complete Check the measurement
G1. The information in Section C was engineer, or architect who is authorized in the Comments area below	onzed by law to certify ele	ntation that has been sig vation information. (Indic	ned and seale ate the sourc	ed by a licensed surveyor, e and date of the elevation
G2. A community official completed S or Zone AO.	ection E for a building loca	ated in Zone A (without a	FEMA-issue	d or community-issued BFE)
G3. The following information (Items C	34-G10) is provided for co	ommunity floodplain man	agement purp	poses.
G4. Permit Number	G5. Date Permit Issu	ued	G6. Date Ce Complian	rtificate of nce/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improveme	nt	
G8. Elevation of as-built lowest floor (included of the building:	ding basement)		feet [] me	ters Datum
G9. BFE or (in Zone AO) depth of flooding	at the building site:] feet me	ters Datum
G10. Community's design flood elevation:			feet me	ters Datum
Local Official's Name	19	Title		
Community Name		Telephone		
Signature	ki A	Date		
Comments (including type of equipment and	location, per C2(e), if app	olicable)		
				Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

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.

1604 BAYWINDS LANE

FOR INSURANCE COMPANY USE
Policy Number:

City State ZIP Code Company NAIC Number SARASOTA Florida 34231

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 06-07-2018

Photo One Caption

ELEVATION CERTIFICATE

Clear Photo One



REAR VIEW 06-07-2018

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

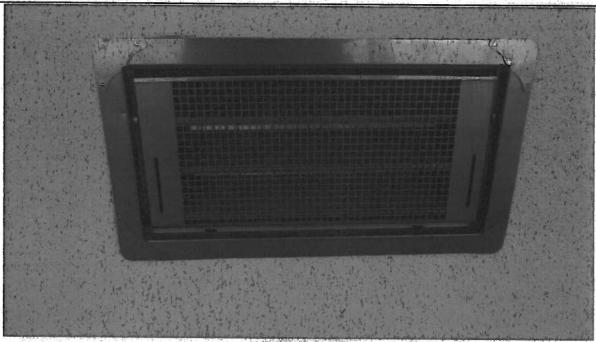
ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, c Building Street Address (including 1604 BAYWINDS LANE	FOR INSURANCE COMPANY USE Policy Number:		
City	State	ZIP Code	Company NAIC Number
SARASOTA	Florida	34231	

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.



VENTS 06-07-2018

Photo Three Caption

Clear Photo Three



VENTS 06-07-2018

Photo Four Caption

Clear Photo Four