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

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.

	SEC	CTION A - PROPERT	TY INFORMATION		FOR INSURANCE	E COMPANY US
A1. Building Ow		Schrock Construction	on	19	Policy Number:	
A2. Building Stre Box No.	et Address (in		ite, and/or Bldg. No.) or P.0	D. Route and	Company NAIC N	lumber:
City	Sarasota	42	State	Florida	ZIP Code	
A3. Property Des Lots 460	scription (Lot a	nd Block Numbers, T	ax Parcel Number, Legal D at book 2, Page 133, Sar	escription etc \	See Section 1	4239
The state of the s			Addition, Accessory, etc.)	Residential		
A5. Latitude/Lon			Long. 82.301719	Horizontal Datum		[X] NAD 1983
A6. Attach at leas	- st 2 photograp	hs of the building if the	e Certificate is being used			M MVD 1902
A7. Building Diag		1B			ice.	
A8. For a buildin	g with a crawis	space or enclosure(s):				
		space or enclosure(s				
b) Number o	of permanent fl	ood openings in the c	rawispace or enclosure(s) v	within 1.0 foot above a	ediacent arado	N/A
			N/A sq in		ujaceni grade	19//
	ed flood openir		The second second			
			10			
A9. For a building						
	otage of attach		TOTAL DE LA			
b) Number o	f permanent flo	ood openings in the at	tached garage within 1.0 fo	oot above adjacent gra	ade N/A	4
c) Total net a	area of flood op	penings in A9.b	N/A sq in			4, 114
d) Engineere	ed flood openin	gs? ☐Yes ☒I	No			
	SE	CTION B - FLOOD I	INSURANCE RATE MAP	(FIRM) INFORMAT	ION	V
	nity Name & C	ommunity Number	B2. County Name	е	B3. S	state
Sarasota	County 125	144		Sarasota		Florida
34. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood (Zone AO, Flood Depti	use Base
12115C 0134	F	11/04/2016	11/04/2016	AE	11.0	
R10 Indicate the	ourse of the D	See Florid Fill 11				
			BFE) data or base flood de mined Other/Source:	epth entered in Item B	9:	
						- 48
B11. Indicate elev	ation datum us	sed for BFE in Item B9	9: NGVD 1929 X NA	AVD 1988 Othe	er/Source:	2 0 0 0 0
B12. Is the building	g located in a	Coastal Barrier Resor	urces System (CBRS) area	or Otherwise Protect	red Area (OPA)2 [Yes X No
Designation			CBRS □ OPA		curica (Or A); [Ties VIII0
		l- sur	<u> </u>			
EMA E	0 (7/45)					
EMA Form 086-0-3	s (7/15)	Re	eplaces all previous edition	S.		Form Page 1 of 6

Form Page 1 of 6

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 Bldg. No.) or P.O. Route and Box No.				FOR INSURANCE COMPANY US	
	1260 Carter Avenue			Policy Number:	
City	Sarasota	State Florida	ZIP Code 34239	Company NAIC Number	
	SECTION	- BUILDING ELEVATION	INFORMATION (SURVEY	(REQUIRED)	
	Building elevations are based on	: Construction Drawings	s* [X] Building Under Con		
C2.	'A new Elevation Certificate will I Elevations – Zones A1–A30, AE Complete Items C2.a–h below a Benchmark Utilized: SEE COMM	AH, A (with BFE), VE, V1–V30 coording to the building diagran	O V (with REE) AD AD(A		
	ndicate elevation datum used for NGVD 1929 X NAVE	1988 Other/Source:			
	Datum used for building elevation	is must be the same as that us	ed for the BFE.	Check the measurement used.	
a	Top of bottom floor (including	basement, crawlspace, or encl	osure floor)13.40		
b	Top of the next higher floor		N/A		
c)	Bottom of the lowest horizonta	l structural member (V Zones o	only) N/A.	7 feet meters	
d	,garage (top of oldb)		N/A		
e)	Lowest elevation of machinery (Describe type of equipment a	or equipment servicing the buind location in Comments)	ilding <u>13.90</u>	X feet meters	
f)	Lowest adjacent (finished) gra	de next to building (LAG)	10.5	X feet meters	
g)	Highest adjacent (finished) gra	ide next to building (HAG)	10_6	[X] feet	
h)	Lowest adjacent grade at lowe structural support	st elevation of deck orstairs, in		X feet meters	
	SECTION	D – SURVEYOR, ENGINEER	R. OR ARCHITECT CERT	IFICATION	
This continue of the continue	ertification is to be signed and se	aled by a land surveyor, engine	eer, or architect authorized I	by law to certify elevation information. illable. I understand that any false	
Were i	latitude and longitude in Section	A provided by a licensedland s	surveyor? XYes No	Check here if attachments.	
	er's Name	License Nu		(minist)	
	Brian Yarman	LS 6891			
Title	PRESIDENT				
	any Name BRIAN P. YARMAN, PSM, INC.	T PORT			
Addres	198 LAKESHORE DRIVE				
City	NOKOMIS	State FLOR	ZIP Code RIDA 34275	00/46/2040	
Signatu	ire Juli	Date 09/16	Telephone 6/19 (941)536-3495	09/16/2019	
Copyal	pages of this Elevation Certificate	and all attachments for (1) com		agent/company, and (3) building owner.	
omme) LELE! ELE!	ents (including type of equipment VATIONS SHOWN HEREON AF VATION OF 16.46 FEET NGVD owest elevation of machinery (C	and location, per C2(e), if appl E BASED UPON SARASOTA 1929, TRANSLATED TO 15 35	licable) COUNTY BENCHMARK 52 1988 NAVD USING CORE		

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 Bldg. No.) or P.O. Route and Box No.					FUR INSURAI	NCE COMPANY US
Building Street Address (inclu 1260 Carter Avenue	ding Apt., Unit, Suite,	and/or Bldg. No.) or P.0	D. Route and B	ox No.	Policy Number	
City Sarasota		State Florida	ZIP Code 34	239	Company NAIC	Number
SEC1	TION E - BUILDING FOR ZO	ELEVATION INFORM ONE AO AND ZONE A	ATION (SUR	/EY NOT	REQUIRED)	
For Zones AO and A (without complete Sections A, B,and Center meters.	BFE), complete Items	E1-F5. If the Certificat	e is intended to	support a	LOMA or LOMF nent used. In Pu	R-F request, uerto Rico only,
E1. Provide elevation informat the highest adjacent grad a) Top of bottom floor (in	e (ring) and the lowe	nd check the appropriatest adjacent grade (LAG	e boxes to show).	w whether t	he elevation is	above or below
crawlspace, or enclos b) Top of bottom floor (in	ure) is	v	feet	meters	above or	below the HAC
crawlspace, or enclos	ure) is		feet	meters		below the LAG
 For Building Diagrams 6–9 the next higher floor (elevathe diagrams) of the building 	aliun uz.u III	d openings provided in S	1 44 194			
Attached garage (top of sl	E INCLE II DO		[feet	meters	_	below the HAG
4. Top of platform of machine			feet	meters	above or	below the HAG
servicing the building is			feet	meters		below the HAG
Zone AO only: If no flood of floodplain management or	dinance? Tyes	No Unknown.	ttom floor eleva The local offic	ted in accor cial must ce	rdance with the rtify this informa	community's ation in Section G.
he property owner or owner's ommunity-issued BFE) or Zon	authorized representate AO must sign here.	The statements in Sec	otions A. D	E (=		EMA-issued or my knowledge.
ne property owner or owner's	authorized representate AO must sign here.	ative who completes Se The statements in Sec	otions A. D	E (=	e A (without a F ct to the best of	EMA-issued or imy knowledge.
ne property owner or owner's ommunity-issued BFE) or Zon operty Owner or Owner's Aud ddress	authorized representate AO must sign here.	ative who completes Se The statements in Sect we's Name City	ctions A, B, and l	E for Zone E are corre	e A (without a F ct to the best of	my knowledge.
ne property owner or owner's immunity-issued BFE) or Zon operty Owner or Owner's Aut Idress	authorized representate AO must sign here.	ative who completes Se The statements in Sect ve's Name	ctions A, B, and l	E for Zone E are corre	e A (without a F ct to the best of	my knowledge.
e property owner or owner's mmunity-issued BFE) or Zon operty Owner or Owner's Au dress gnature	authorized representate AO must sign here.	ative who completes Se The statements in Sect we's Name City	ctions A, B, and l	E for Zone E are corre	e A (without a F ct to the best of	my knowledge.
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e property owner or owner's mmunity-issued BFE) or Zon operty Owner or Owner's Au dress	authorized representate AO must sign here.	ative who completes Se The statements in Sect we's Name City	ctions A, B, and l	E for Zone E are corre	e A (without a F ct to the best of	my knowledge.
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ne property owner or owner's ommunity-issued BFE) or Zon operty Owner or Owner's Auditress	authorized representate AO must sign here.	ative who completes Se The statements in Sect we's Name City	ctions A, B, and l	E for Zone E are corre	e A (without a F ct to the best of	my knowledge.

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

Buildir	Street Address (including Apt 1	FOR INSURANCE COMPANY US		
	1260 Carter Avenue	Init, Suite, and/or Bldg. No.) or P.O. Route	and Box No.	Policy Number:
City	Sarasota	State ZIP Co Florida	de 34239	Company NAIC Number
	Si	ECTION G - COMMUNITY INFORMATION	(OPTIONAL)	
	n Items G8–G10. In Puerto Rico on The information in Section C wa	as taken from other documentation that has	item(s) and sign	n below. Check the measurement
32. [and the deminority area belo	Section E for a building located in Zone A		
3. [The following information (Items	G4–G10) is provided for community flood	plain managem	entpurposes.
34. Pe	ermit Number	G5. Date Permit Issued		ate Certificate of compliance/Occupancy Issued
7. TI	his permit has been issued for:	☐ New Construction ☐ Substantial Im	nprovement	
8. El	levation of as-built lowest floor (incl f the building:		feet	meters Datum
	FE or (in Zone AO) depth of flooding	g at the building site:	feet	meters Datum
10. C	community's design flood elevation:		feet	meters Datum
ocal O	fficial's Name	Title		
ommu	nity Name	Telephone	1 1 1 1	
gnatu	re	Date		
		34.0		
mme	nts (including type of equipment and	d location, per C2(e), if applicable)		
			4	
				Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

Company NAIC Number

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:**

1260 Carter Avenue

City State Sarasota

ELEVATION CERTIFICATE

ZIP Code Florida 34239

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 BACK FEMA Form 086-0-33 (7/15)

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these onces	a dia a samula di		Expiration Date. November 30, 2016
IMPORTANT: In these spaces, cor	FOR INSURANCE COMPANY USE		
Building Street Address (including A 1260 Carter Avenue	pt., Unit, Suite, and/or Bldg. No.) or I	P.O. Route and Box No.	Policy Number:
City Sarasota	State Florida	ZIP Code 34239	Company NAIC Number

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.

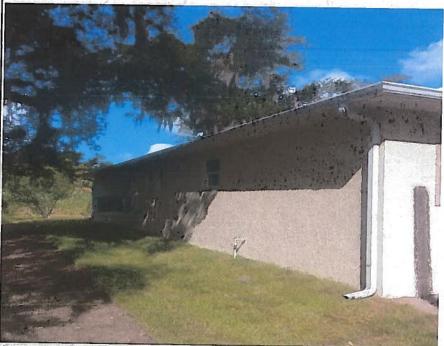


Photo One Caption LEFT

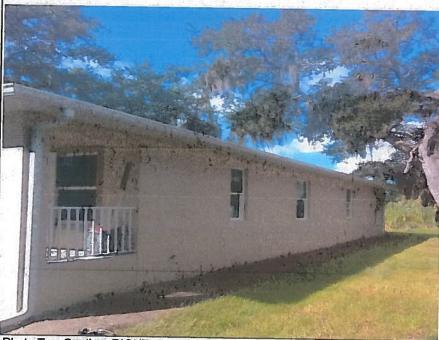


Photo Two Caption RIGHT