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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 INSUF	RANCE COMPANY USE		
A1. Building Owner's Name MICHAEL & TINA ROSSO					Policy Num	ber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 935 BAYSHORE ROAD				Company N	AIC Number:			
City NOKOMIS	•			ZIP Code 34275				
1 ' '	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) METES & BOUNDS, TAX ID #0168010004							
A4. Building Use (e.g., Resider	itial, Non-Residential,	Addition	, Accessory, e	etc.) RES	IDENTIAL		
A5. Latitude/Longi	tude: Lat. 2	7.13698°	Long8	32.46821°	Horiz	zontal Datu	m: NAD 1	927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain	n flood insu	rance.	
A7. Building Diagra	am Number	1B						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)			0 sq f	t		
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.	0 foot abov	e adjacent gra	ade 0
c) Total net ar	ea of flood o	penings in A8.b		0 sq in	1			
d) Engineered	flood openir	ngs? Yes X N	No					
A9. For a building v	vith an attach	ned garage:						
a) Square foot	age of attach	ned garage		761 sq ft				
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot abov	e adjacent	grade 0	
c) Total net are	ea of flood op	penings in A9.b		0 sq	in			
		gs? Yes 🗓 Y						
, 3	'	5						
	SE	CTION B – FLOOD	INSURA	NCE RATE	MAP (FIRM) INFORM	ATION	
				B2. County SARASOTA	32. County Name SARASOTA			B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	В9.	Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12115C-0239	F	11-04-2016	11-04-2		AE & X	10',	11' & N/A	
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 X 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 DPA								

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, and 935 BAYSHORE ROAD	Policy Number:							
City State NOKOMIS Florida		Code 75	Company NAIC Number					
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)								
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.								
Benchmark Utilized: SARCO BM 168 EL: 1								
Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE.								
a) Top of bottom floor (including basement, crav	vlspace, or enclosure floor	·)	Check the measurement used. 12.3					
b) Top of the next higher floor	viopado, or endideare neo	/	24.4 × feet meters					
c) Bottom of the lowest horizontal structural mer	mber (V Zones only)		N/A ⊠ feet ☐ meters					
d) Attached garage (top of slab)			11.3 × feet meters					
e) Lowest elevation of machinery or equipment (Describe type of equipment and location in C	servicing the building Comments)		N/A ⊠ feet ☐ meters					
f) Lowest adjacent (finished) grade next to build	ding (LAG)		9.3 × feet meters					
g) Highest adjacent (finished) grade next to build	ding (HAG)		10.9 X feet meters					
 h) Lowest adjacent grade at lowest elevation of structural support 	deck or stairs, including		N/A ⊠ feet ☐ meters					
SECTION D - SURVEYO	OR, ENGINEER, OR AR	CHITECT CERTIFI	CATION					
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 □ No	Check here if attachments.					
Certifier's Name B. GREGORY RIETH	License Number 5228							
Title PSM/CFM			Place					
Company Name STRAYER SURVEYING AND MAPPING, INC.	Seal							
Address 742 SHAMROCK BLVD			Here					
City VENICE	State Florida	ZIP Code 34293						
Signature	Date 12-09-2020	Telephone (941) 497-1290	Ext.					
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) FILE #.20-01-10 THE SUBJECT STRUCTURE IS UNDER CONSTRUCTION, NO VENTS OR MACHINERY HAVE BEEN INSTALLED AT THIS TIME. SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST APP - NO CONVERSION). ELEVATIONS SHOWN IN SECTION "C" WERE CONVERTED FROM N.A.V.D. 1988 DATUM TO N.G.V.D. 1929 DATUM USING VERTCON CONVERSION PROGRAM. DATE OF FIELD SURVEY: 12/03/2020								
* THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON(S) LISTED IN SECTION A1. *								

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/o 935 BAYSHORE ROAD	or Bldg. No.) or P.O. Ro	oute and Box No.	Policy Number:			
- ,		Code 275	Company NAIC Number			
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 ac a) Top of bottom floor (including basement, crawlspace, or enclosure) is	ijaceni grade (LAG).	. ☐ feet ☐ meter	s			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet meter				
E2. For Building Diagrams 6–9 with permanent flood operation the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Sect	tion A Items 8 and/or	s above or below the HAG.			
E3. Attached garage (top of slab) isE4. Top of platform of machinery and/or equipment			s above or below the HAG.			
servicing the building is E5. Zone AO only: If no flood depth number is available.	is the ten of the better	feet meter				
			certify this information in Section G.			
SECTION F - PROPERTY OWN	ER (OR OWNER'S RE	PRESENTATIVE) CE	RTIFICATION			
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sections statements in Sections	ns A, B, and E for Zo s A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's	Name					
Address	City	Sta	ate ZIP Code			
Signature	Date	Te	lephone			
Comments						
			Check here if attachments.			

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, St 935 BAYSHORE ROAD	uite, and/or Bldg. N	No.) or P.O. Route and Bo	x No.	Policy Number:				
City NOKOMIS	State Florida	ZIP Code 34275		Company NAIC Number				
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 or Zone AO.	on E for a building	located in Zone A (withou	ut a FEMA	A-issued or community-issued BFE)				
G3. The following information (Items G4–	·G10) is provided f	or community floodplain n	nanageme	ent purposes.				
G4. Permit Number	G5. Date Permit	t Issued		Date Certificate of compliance/Occupancy Issued				
G7. This permit has been issued for:	New Constructio	on Substantial Improve	ment					
G8. Elevation of as-built lowest floor (including of the building:	g 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)								
				Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including a 935 BAYSHORE ROAD	Apt., Unit, Suite, and/or Bldg. No.)	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.



UNDER CONSTRUCTION 12/03/2020

Photo One Caption Clear Photo One



UNDER CONSTRUCTION 12/03/2020

Photo Two Caption Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE	COMPANY USE				
Building Street Address (including Apt., Unit, Suite, a 935 BAYSHORE ROAD	Policy Number:					
City	State	ZIP Code	Company NAIC Nu	mber		
NOKOMIS	Florida	34275				
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 ⁻	Three				
	111010					
Photo Three Caption	Photo T	hree		Class Dhata Thuas		
Filoto Tillee Caption				Clear Photo Three		
	Photo	Four				
Photo Four Caption	Photo F	-our		Cloor Photo Face		
FINOIO FOUI Caption				Clear Photo Four		