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.

A1. Building Owner's Name	SECTION A - PROPERTY II	THE OKIMATION		FOR INS	SURANCE COMPANY (
Kilpatrick Road LLC FN 20100378 Under Construction Fema A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and			Policy N	Policy Number:	
A2. Building Street Address Box No.	s (including Apt., Unit, Suite.	and/or Bldg. No)	or P.O. Route a	and	
1506 Kilpatrick Road		Liug. No.)	or r.o. Route a	Compan	y NAIC Number:
City		State			
Nokomis		- المعنط		ZIP Code	
A3. Property Description (Lo Sarasota PID 0386050082 I	Lot 22, Bik G, Duquoin Heigh	Parcel Number, Le hts		34275 , etc.)	
A4. Building Use (e.g., Resid	dential, Non-Residential, Ade	dition, Accessory,	etc.) Reside	ntial	
A5. Latitude/Longitude: Lat	t. 27°07'35.59"N Lo	ng. 82°25'55.35"W	/ Horizon	atal Data	
A6. Attach at least 2 photogr	raphs of the building if the Co	ertificato in hair-	HOHZO	ital Datum: NAC) 1927 × NAD 1983
A7. Building Diagram Number	er 1A	eruncate is being t	ised to obtain fl	ood insurance.	
A8. For a building with a cray					
a) Square footage of cra	wlspace or enclosure(s)				
b) Number of permanent	flood openings in the crowle	enage or and	N/A sq ft		
c) Total net area of flood	flood openings in the crawls openings in A8.b	space or enclosure	e(s) within 1.0 fo	ot above adjacent g	rade N/A
d) Engineered flood oper	openings in Ao.b	N/A sq in			
A9. For a building with an attac	110				
	ched garage	477.00			
b) Number of permanent	flood on the contract of	433.00 sq ft			
c) Total net area of flooring	flood openings in the attache	ed garage within 1.	.0 foot above ad	djacent grade 0	
	openings in A9.b	0.00 sq ir	n		
 d) Engineered flood openi 	ngs? 🗌 Yes 🗌 No				
	ECTION D. T.				
B1. NFIP Community Name &	ECTION B - FLOOD INSU	RANCE RATE M	AP (FIRM) INI	ORMATION	
Sarasota Community #125144	Community Number	B2. County Na			B3. State
		Sar	rasota		Florida
4. Map/Panel B5. Suffix Number	B6. FIRM Index B7. I	FIRM Panel	38. Flood	B9. Base Flood El	evation(s)
2115C 0243 F		Effective/ Revised Date	Zone(s)	(Zone AO, use	Base Flood Depth)
	11-04-2016 11-0	4 00 4 -	AE & X500		10
310. Indicate the source of the	Basa Flood Fl				
310. Indicate the source of the ☐ FIS Profile ☒ FIRM	☐ Community Determined	data or base floor	d depth entered	in Item B9:	
11 Indianta de la	ised for BFE in Item B9:			Other/Source:	
			0	- D41	
	Coastal Barrier Resources	System (CRRS) or	22 Ar ()***	HINTOROPOO A (O)	
312. Is the building located in a Designation Date:	Coastal Barrier Resources	System (CBRS) ar	ea or Otherwise	or rotected Area (O)	PA)? ☐ Yes ⊠ No
112. Is the building located in a	Coastal Barrier Resources	System (CBRS) ar	rea or Otherwise	or rotected Area (Of	PA)? ☐ Yes ⊠ No

ELEVATION CERTIFICATE

MPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURA	FOR INSURANCE COMPANY USI	
1506 Kilpatrick Road	s (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:	
City Nokomis	State Florida	ZIP Code 34275	Company NAI	C Number	
SECTION C	- BUILDING ELEVATION INF	ORMATION (SURVEY	REQUIRED)		
C1. Building elevations are based on: *A new Elevation Certificate will be C2. Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below according Benchmark Utilized: FLDEP L723 2 Indicate elevation datum used for the Indicate elevation datum used for the Indicate elevation datum used for the Indicate elevation datum used for building elevations a) Top of bottom floor (including base) Top of the next higher floor c) Bottom of the lowest horizontal sed) Attached garage (top of slab) e) Lowest elevation of machinery of (Describe type of equipment and floor the Indicate (Incished) grades and Indicate (Incished) grades the Indicate at Indicate I	Construction Drawings* required when construction of the LH, A (with BFE), VE, V1–V30, Vording to the building diagram space of the selevations in items a) through 1988 Other/Source: must be the same as that used assement, crawlspace, or enclosustructural member (V Zones only of equipment servicing the building a location in Comments) a next to building (LAG) a next to building (HAG)	Building Under Consone building is complete. (with BFE), AR, AR/A, A pecified in Item A7. In Puri Datum: NAVD 1988 EL. (h) below. for the BFE. (ire floor)	AR/AE, AR/A1–A30 erto Rico only, ente	neasurement used. t	
structural support	elevation of deck or stairs, inclu	ding	N/A X feet	meters	
SECTION D	– SURVEYOR, ENGINEER, C	R ARCHITECT CERTII	FICATION		
This certification is to be signed and seal I certify that the information on this Certificate statement may be punishable by fine or in Were latitude and longitude in Section A Certifier's Name	ed by a land surveyor, engineer incate represents my best efforts in mprisonment under 18 U.S. Cooprovided by a licensed land survey.	, or architect authorized b to interpret the data avail de, Section 1001. veyor? ⊠Yes □ No	by law to certify ele lable. I understand	vation information. that any false re if attachments.	
Kenneth R. Palmer	License Numb PSM 4661	er	ary similar		
Title Project Manager Company Name Red Stake Surveyors, Inc. Address 6389 Tower Lane, Level II City					
Sarasota	State Florida	ZIP Code 34240	T	1	
Signature Color	Date 1-4:20	Telephone (941) 923-9997	Ext.	-	
Copy all pages of this Elevation Certificate a	and all attachments for (1) commu	inity official, (2) insurance	agent/company an	nd (3) building owner	
Comments (including type of equipment at A5). Measured with hand-held GPS. C2A). C2E).	nd location, per C2(e), if applica	ble)	,, un	(-) Salioning OWIIGI.	
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ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the correspondence	onding informatio	n from Section A.	FOR INSUR	ANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, 1506 Kilpatrick Road		or P.O. Route and Box N	o. Policy Numb	oer:
City	State	ZIP Code	Company N	AIC Number
Nokomis	Florida	34275		
SECTION E – BUILDING FOR Z	ELEVATION INF	ORMATION (SURVEY NE A (WITHOUT BFE)	NOT REQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, u enter meters.	s E1–E5. If the Cert se natural grade, if	tificate is intended to sup available. Check the me	port a LOMA or LO asurement used. In	MR-F request, Puerto Rico only,
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement,	and check the appress adjacent grade	opriate boxes to show w (LAG).	hether the elevation	n is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		[] feet []	meters above	or Delow the HAG.
crawlspace, or enclosure) is	***************************************	[] feet []	meters above	or Delow the LAG.
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in	od openings provide	ed in Section A Items 8 a	and/or 9 (see pages	1-2 of Instructions),
the diagrams) of the building is			meters above	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 equipmen servicing the building is	t	[feet [meters 🔲 above	or below the HAG.
E5. Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes	ilable, is the top of t	the bottom floor elevated nown. The local official	in accordance with	the community's
SECTION F - PROPERTY (OWNER (OR OWN	ER'S REPRESENTATIV	(E) CERTIFICATIO	N
The property owner or owner's authorized represen community-issued BFE) or Zone AO must sign here	e. The statements in	es Sections A, B, and E n Sections A, B, and E a	for Zone A (without re correct to the bes	a FEMA-issued or st of my knowledge.
Property Owner or Owner's Authorized Representa	tive's Name			
Address		City	State	ZIP Code
Signature		Date	Telephone	
Comments				
			Chec	k here if attachments.

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Su 1506 Kilpatrick Road	ite, and/or Bldg. No.) or P.O. Route and Box	No. Policy Number:			
City Nokomis	State Florida	ZIP Code 34275	Company NAIC Number			
SECTIO	N G - COMMUNITY	INFORMATION (OPTIC	NAL)			
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, enter G1.	Certificate. Complet er meters. en from other docum	e the applicable item(s) a entation that has been si	nd sign below. Check the measurement gned and sealed by a licensed surveyor,			
data in the Comments area below.)	The second of th					
or Zone AO.	J	,	,			
G3. The following information (Items G4–	G10) is provided for	community floodplain ma	nagement purposes.			
G4. Permit Number	G5. Date Permit Is	sued	G6. Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction	Substantial Improvem	ent			
G8. Elevation of as-built lowest floor (including of the building:	basement) —		feet meters Datum			
G9. BFE or (in Zone AO) depth of flooding at t	he building site:		feet meters Datum			
G10. Community's design flood elevation:			feet meters			
Local Official's Name		Title				
Community Name		Telephone				
Signature		Date				
Comments (including type of equipment and loc	ation, per C2(e), if a	pplicable)				
			n			
			-			
			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 Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:
1506 Kilpatrick Road			
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

Photo One Caption FRONT PHOTO TAKEN ON DECEMBER 31, 2020

Clear Photo One



Photo Two

Photo Two Caption REAR PHOTO TAKEN ON DECEMBER 31, 2020

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or 1506 Kilpatrick Road City Sta Nokomis Flori		. Route and Box No.	Policy Number:
	to.	7ID 0 I -	
FIO		ZIP Code 34275	Company NAIC Number
If submitting more photographs than will fit on the prec with: date taken; "Front View" and "Rear View"; and photographs must show the foundation with representation	ceding page, affix the difficient required, "Rigure examples of the difficient receipt the difficient receipt	the additional photographt Side View" and "L flood openings or vents	ohs below. Identify all photographs eft Side View." When applicable, , as indicated in Section A8.
	Photo Three		
Photo Three Caption	Thois Three		Clear Photo Three
	Photo Four		
	Photo Four		
noto Four Caption			Clear Photo Four