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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.

| | SEC | TION A – PROPERTY | ' INFORI | MATION | | FOR INSU | RANCE COMPANY USE | | | |
|--|------------------|------------------------|------------|-----------------------------------|----------------------|--------------------------------|--|--|--|--|
| A1. Building Owner | Policy Nun | Policy Number: | | | | | | | | |
| Coopers Hawk Inte | | | | | | | | | | |
| A2. Building Street Box No. 3130 Fruitville Com | Company I | Company NAIC Number: | | | | | | | | |
| City State | | | | | | | | | | |
| Sarasota | | | Florida | | 34240 | ZIP Code 34240 | | | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel ID: 0215030001 Permit No. 20105882 00BC | | | | | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) | | | | | | | | | | |
| A5. Latitude/Longitude: Lat. 27-20-21.6N Long. 082-26-30.5W Horizontal Datum: NAD 1927 X NAD 1983 | | | | | | | | | | |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | | | | | | | | | |
| A7. Building Diagram Number 1A | | | | | | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | | | | | | |
| a) Square footage of crawlspace or enclosure(s) sq ft | | | | | | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade | | | | | | | | | | |
| c) Total net area of flood openings in A8.b sq in | | | | | | | | | | |
| d) Engineered flood openings? | | | | | | | | | | |
| A9. For a building with an attached garage: | | | | | | | | | | |
| a) Square footage of attached garage sq ft | | | | | | | | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade | | | | | | | | | | |
| c) Total net area of flood openings in A9.b sq in | | | | | | | | | | |
| d) Engineered flood openings? | | | | | | | | | | |
| | | | | | | | | | | |
| | SE | CTION B - FLOOD | INSURA | NCE RATE | Map (Firm) inf | ORMATION | | | | |
| B1. NFIP Communit | Community Number | | B2. County | Name | | B3. State | | | | |
| 125144A | | | | Sarasota | | | Florida | | | |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | Effe | RM Panel ective/ vised Date | B8. Flood Zone(s) | B9. Base Flood (Zone AO, us | Base Flood Elevation(s) (Zone AO, use Base Flood Depth) | | | |
| 12115C 0154 | F | 11-04-2016 | 11-04-2016 | | А | 21.4 | .4 | | | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: | | | | | | | | | | |
| 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 D | ate: | | CBRS | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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| ELEVATION CERTIFICATE | | OMB No. 1660-0008 Expiration Date: November 30, 2022 FOR INSURANCE COMPANY USE | | | |
|---|--|--|-------------------------------------|---|--|
| IMPORTANT: In these spaces, copy th | FOR INSURA | | | | |
| Building Street Address (including Apt., 3130 Fruitville Commons Blvd. | Unit, Suite, and/or Bldg. No.) c | r P.O. Route and Box No. | | | |
| City Sarasota | State Florida | ZIP Code 34240 | Company NAI | Company NAIC Number | |
| | - BUILDING ELEVATION II | | | | |
| | | | | | |
| C1. Building elevations are based on: *A new Elevation Certificate will be C2. Elevations – Zones A1–A30, AE, Complete Items C2.a–h below accession Benchmark Utilized: <u>R 641 2006</u> Indicate elevation datum used for | AH, A (with BFE), VE, V1–V30 cording to the building diagram Verti | of the building is complete. b, V (with BFE), AR, AR/A, capecified in Item A7. In Proceeding 1988 cal Datum: <u>NAVD 1988</u> | AR/AE, AR/A1–A30 | ished Construction), AR/AH, AR/AO. er meters. | |
| NGVD 1929 ⊠ NAVD | • | ightin below. | | | |
| Datum used for building elevations a) Top of bottom floor (including to b) Top of the next higher floor | s must be the same as that use | | 23.0 X fee | t i meters | |
| c) Bottom of the lowest horizonta | I structural member (V Zones o | only) | | | |
| d) Attached garage (top of slab) | | | fee | t 📋 meters | |
| e) Lowest elevation of machinery (Describe type of equipment and | or equipment servicing the bundle location in Comments) | ilding | fee | t 🗌 meters | |
| f) Lowest adjacent (finished) grad | de next to building (LAG) | | 22.1 × fee | t 🗌 meters | |
| g) Highest adjacent (finished) gra | 22.8 × fee | t 🗌 meters | | | |
| h) Lowest adjacent grade at lowe structural support | st elevation of deck or stairs, in | ncluding | fee | t 🔲 meters | |
| SECTION | D – SURVEYOR, ENGINEEF | R, OR ARCHITECT CER | TIFICATION | | |
| This certification is to be signed and se I certify that the information on this Ce statement may be punishable by fine of Were latitude and longitude in Section | rtificate represents my best eff or imprisonment under 18 U.S. | orts to interpret the data av Code, Section 1001. | vailable. I understan | evation information. d that any false ere if attachments. | |
| Certifier's Name | License N | umber | | | |
| Jeffery B. Morrow | PSM 629 | 6 | | Digitally | |
| Title Partner Company Name Point Break Surveying | | | NO. 6296 STATE OF B. STATE OF | signed by Jeff Morrow Date: | |
| Address 8111 Blaikie Ct. Suite E | | | ARANA, QUAL STR | 2021.02.1 | |
| City | State | ZIP Code | SURVEYOUR SURVEYOUR | 8 09:57:25 | |
| Sarasota | Florida | 34240 | | -05'00' | |
| Signature Declisigned by: Deffery & Morrow | Date 02-18-202 | Telephone 21 (941) 378-47 | Ext. 97 | | |
| Copy all pages शि भाषि मारियां के Copy all pages शि भाषि के कि Copy all pages शि भाषि के Copy all pages शि भाषि | te and all attachments for (1) co | mmunity official, (2) insurar | nce agent/company, | and (3) building owner. | |
| Comments (including type of equipmer | nt and location, per C2(e), if ap | plicable) | | | |

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