ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate ar	d all attachments for (1) community	official (2) insurance agent/company	and (3) building owner
		2 onicial, (2) insulation agent/company	, and (5) building owner.

			· · /	ty official,		· · ·	
SECTION A – PROPERTY INFORMATION				RANCE COMPANY USE			
A1. Building Owner's Name Policy Number: KARL JASINSKI & JOSE MANUEL, JR.					Jer:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4408 MIDNIGHT PASS ROAD					AIC Number:		
City							
SARASOTA			Florida			34242	
A3. Property Description (L METES AND BOUNDS DE			l Number, Le	gal Descri	iption, etc.)		
A4. Building Use (e.g., Res	idential, Non-Residential,	Addition	, Accessory,	etc.) N	ION-RESIDEN	TIAL	
A5. Latitude/Longitude: La	at. 27.288549	Long. 82	2.558392	⊦	Iorizontal Datu	im: 🗌 NAD 1	1927 🛛 NAD 1983
A6. Attach at least 2 photo	graphs of the building if th	e Certific	ate is being ι	ised to ob	otain flood insu	rance.	
A7. Building Diagram Num	ber <u>1B</u>						
A8. For a building with a cr	awlspace or enclosure(s):						
a) Square footage of c	rawlspace or enclosure(s))		144.00 \$	sq ft		
b) Number of permane	nt flood openings in the cr	rawlspace	e or enclosur	e(s) withir	n 1.0 foot abov	e adjacent gra	ade 2
c) Total net area of floo	od openings in A8.b		400.00 sq ir	I			
d) Engineered flood op	oenings? 🛛 Yes 🗌 I	No					
A9. For a building with an a	ttached garage:						
a) Square footage of attached garage 0.00 sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0							
c) Total net area of flood openings in A9.b 0.00 sq in							
d) Engineered flood openings? Yes X No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
	B1. NFIP Community Name & Community Number B2. County Name B3. State						
SARASOTA COUNTY, FLC)RIDA 125144		SARASOTA	A			Florida
B4. Map/Panel B5. Su Number	ffix B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Floo Zone(s)	od B9.	Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12115C0141 F	11-04-2016	11-04-2		AE	10		
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 🛛 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:							
_							

ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November 30, 2022			
IMPORTANT: In these spaces, copy the	e corresponding information from	Section A.	FOR INS	URANCE COMPANY USE
Building Street Address (including Apt., U 4408 MIDNIGHT PASS ROAD			Policy Nu	
City SARASOTA	/ NAIC Number			
SECTION C	- BUILDING ELEVATION INFOR	MATION (SURVEY F	REQUIRED))
C2. Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below acc Benchmark Utilized: <u>COUNTY BEI</u> Indicate elevation datum used for t <u>NGVD 1929</u> × NAVD Datum used for building elevations	ording to the building diagram speci <u>NCHMARK R-79</u> Vertical Da he elevations in items a) through h) 1988 Other/Source: must be the same as that used for asement, crawlspace, or enclosure	ith BFE), AR, AR/A, Af fied in Item A7. In Pue tum: <u>NGVD 1929</u> below. the BFE.	R/AE, AR/A1 rto Rico only Check <u>4.3</u> × N/A ×	y, enter meters. the measurement used. the measurement used. feet ☐ meters feet ☐ meters feet ☐ meters feet ☐ meters
(Describe type of equipment an	,		<u>N/A</u> ×	✓ feet ☐ meters
 f) Lowest adjacent (finished) grad g) Highest adjacent (finished) grad 			3.0 × 3.4 ×	< feet
	st elevation of deck or stairs, includi	ng	N/A 🛛	✓ feet ☐ meters
SECTION) – SURVEYOR, ENGINEER, OR	ARCHITECT CERTI	FICATION	
This certification is to be signed and set I certify that the information on this Cent statement may be punishable by fine of Were latitude and longitude in Section	aled by a land surveyor, engineer, o tificate represents my best efforts to r imprisonment under 18 U.S. Code,	r architect authorized l interpret the data avai Section 1001.	by law to cer lable. I unde	rtify elevation information. erstand that any false neck here if attachments.
Certifier's Name JAMES B. AMBERGER Title PRESIDENT Company Name JIM AMBERGER LAND SURVEYING L Address 1055 S. TAMIAMI TRAIL, SUITE 110-B City	State	ZIP Code	HILD Protest	STATE OF FLORIDA
SARASOTA	Florida	34236		
Signature	Date	Telephone (941) 955-6333		
Copy all pages of this Elevation Certificat	e and all attachments for (1) commun	ity official, (2) insurance	e agent/comp	pany, and (3) building owne
Comments (including type of equipment C2: ELEVATIONS CONVERTED USIN A9(a/d): SMART VENT MODEL 1540-5 200 SQUARE FEET EACH.	G CORPSCON6 SOFTWARE.		ENT HYDRO	STATIC PRESSURE FOF

OMB No.	1660-0	0008		
Expiration	Date:	November	30,	2022

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 4408 MIDNIGHT PASS ROAD Company NAIC Number: City State ZIP Code SARASOTA Florida 34242 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 adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is
4408 MIDNIGHT PASS ROAD City State ZIP Code SARASOTA Florida 34242 Company NAIC Number SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) 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 adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is
SARASOTA Florida 34242 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 adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is
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 adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is
 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 adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is crawlspace, or enclosure) is feet meters below the LAG
 the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is feet meters above or below the HAG b) Top of bottom floor (including basement, crawlspace, or enclosure) is feet meters above or below the LAG
crawlspace, or enclosure) is
crawlspace, or enclosure) is feet _ meters _ above or _ below the LAG
E2 For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1-2 of Instructions)
the next higher floor (elevation C2.b in
the diagrams) of the building is feet meters above or below the HAG
E3. Attached garage (top of slab) is
E4. Top of platform of machinery and/or equipment servicing the building is feet meters above or below the HAG
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.
SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Name
Address City State ZIP Code
Signature Date Telephone
Comments

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

ELEVATION CERTIFICATE			Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the corr	esponding infor	mation from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 4408 MIDNIGHT PASS ROAD	No. Policy Number:		
City SARASOTA	State Florida	ZIP Code 34242	Company NAIC Number
SECTIO	ON G – COMMUN	NITY INFORMATION (OPTIO	NAL)
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	n Certificate. Com nter meters.	plete the applicable item(s) ar	nd sign below. Check the measurement
			ned and sealed by a licensed surveyor, cate the source and date of the elevation
G2. A community official completed Sect or Zone AO.	ion E for a buildin	g located in Zone A (without a	a FEMA-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided	for community floodplain mar	nagement purposes.
G4. Permit Number	G5. Date Perm	it Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:] New Constructi	on 🗌 Substantial Improveme	ent
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:			feetmetersDatum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and lo	cation, per C2(e),	if applicable)	
			Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 4408 MIDNIGHT PASS ROAD	Policy Number:		
City	State	ZIP Code	Company NAIC Number
SARASOTA	Florida	34242	

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 VIEW

Clear Photo One



Photo Two Caption REAR VIEW

FIIOLO TWO

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 4408 MIDNIGHT PASS ROAD	Policy Number:		
City	State	ZIP Code	Company NAIC Number
SARASOTA	Florida	34242	

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 Caption TYPICAL FLOW-THRU VENT

Clear Photo Three

Photo Four

Photo Four Caption

Photo Four

Clear Photo Four