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 INSUI	RANCE COMPANY USE	
A1. Building Owner's Name NICHOLAS & SARAH FERGUSON					Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4540 CAMINO REAL					Company N	IAIC Number:	
City SARASOTA	The state of the s			ZIP Code 34231			
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) METES AND BOUNDS DESCRIPTION, PID#0077100010						
A4. Building Use (e.g., Resid	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat	. 27.286425 Lo	ong. 82	2.537552	Horizonta	al Datum: NAD	1927 × NAD 1983	
A6. Attach at least 2 photogr	aphs of the building if the C	Certific	ate is being ι	used to obtain floo	od insurance.		
A7. Building Diagram Numbe	er 1B						
A8. For a building with a crav	wispace or enclosure(s):						
a) Square footage of cra	awispace or enclosure(s)			N/A sq ft			
b) Number of permanent	- t flood openings in the craw	Ispace	e or enclosure	 e(s) within 1.0 foo	t above adjacent gra	ade N/A	
c) Total net area of flood	l openings in A8.b		N/A sqir	1			
d) Engineered flood ope	nings? Yes X No	I					
A9. For a building with an atta	ached garage:						
a) Square footage of atta	ached garage	1	211.00 sq ft				
b) Number of permanent	t flood openings in the attac	hed g	arage within	1.0 foot above ad	jacent grade N/A		
c) Total net area of flood	openings in A9.b		N/A sq	in			
d) Engineered flood openings?							
	THE PACK SEAT AND ADDRESS OF TAXABLE		Series and				
	SECTION B - FLOOD INS	SURA			ORMATION	74	
B1. NFIP Community Name 8 SARASOTA COUNTY, FLOR	•		B2. County SARASOTA			B3. State Florida	
B4. Map/Panel B5. Suffi	x B6. FIRM Index Date	Effe	M Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)	
12115C0141 F	11-04-2016 1	1-04-2		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 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 OPA							

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR INSURANCE COMPANY USE		
					Policy Number:		
ity State ZIP Code Company NAIC Number				Number			
SARASOTA	Florida 3	4231					
SECTION C - BUILDI	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: COUNTY #77 Vertical Datum: NGVD 1929							
Indicate elevation datum used for the elevation Indicate elevation In	Other/Source:		4470				
Datum used for building elevations must be t	he same as that used for the	e BFE.	Che	ck the me	asurement used.		
a) Top of bottom floor (including basement, and including basement).	crawispace, or enclosure flo	or)		feet	meters		
, , ,	stattiopaco, or officious for				☐ meters		
b) Top of the next higher floor				⊠ feet	meters		
c) Bottom of the lowest horizontal structural	member (V ∠ones only)						
d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment	ent servicina the buildina			✓ feet	i meters		
(Describe type of equipment and location	in Comments)	 	11.2	✓ feet	☐ meters		
f) Lowest adjacent (finished) grade next to b	ouilding (LAG)		10.8	✓ feet	meters meters		
g) Highest adjacent (finished) grade next to	building (HAG)		11.2	🔀 feet	meters		
 h) Lowest adjacent grade at lowest elevation structural support 	of deck or stairs, including		N/A		meters		
SECTION D - SURV	EYOR, ENGINEER, OR A	RCHITECT CERTIF	CATION	1			
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 surveyo	r? ⊠Yes □No	_		e if attachments.		
Certifier's Name JAMES B. AMBERGER	License Number LS6333			HILLIANS B	AMBERGALL		
Title PRESIDENT			MININ	PANICENS	- CA		
Company Name JIM AMBERGER LAND SURVEYING LLC			William,		333		
Address 1055 S. TAMIAMI TRAIL, SUITE 110-B			Promining	ST/	ATE OF ORIDA		
City SARASOTA	State Florida	ZIP Code 34236		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Viveyor and Ithin		
Signature	Date 12-01-2021	Telephone (941) 955-6333	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) C2: ELEVATIONS CONVERTED USING CORPSCON6 SOFTWARE. C2e: A/C COMPRESSOR LOCATED ON SOUTH SIDE OF RESIDENCE C2a/c2f: THE DIFFERENCE BETWEEN THESE TWO ELEVATIONS IS DUE TO THIS BEING BACKFILLED STEMWALL CONSTRUCTION.							

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and 4540 CAMINO REAL	d/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:			
79.1.		ZIP Code 34231	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 a a) Top of bottom floor (including basement,	adjacent grade (LAG).	Doxes to snow whether	THE ELEVATION IS ADOVE OF DELOW			
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet meter	s above or below the HAG.			
crawlspace, or enclosure) is		feet meter	· —			
E2. For Building Diagrams 6–9 with permanent flood o the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided in S	ection A Items 8 and/or 				
E3. Attached garage (top of slab) is						
E4. Top of platform of machinery and/or equipment servicing the building is			s ☐ above or ☐ below the HAG.			
E5. Zone AO only: If no flood depth number is availabl floodplain management ordinance? Yes	e, is the top of the bott	tom floor elevated in ac	cordance with the community's			
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	St	ate ZIP Code			
Signature	Date	Те	lephone			
Comments	i j					
a .						
9						
* x						
29						
•			Check here if attachments.			

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corre	sponding information	n from Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Su 4540 CAMINO REAL	ite, and/or Bldg. No.)	or P.O. Route and Box N	lo. Policy Number:			
City SARASOTA	State Florida	ZIP Code 34231	Company NAIC Number			
SECTIO	N G - COMMUNITY I	NFORMATION (OPTIOI	NAL)			
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 to to a banding loa	ated in Zone A (Milliout e	The Living about the Community resided by E			
G3. The following information (Items G4-	G10) is provided for co	ommunity floodplain man	agement purposes.			
G4. Permit Number	G5. Date Permit Issu	ned	G6. Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction] Substantial Improveme	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 Datum			
Local Official's Name		Title				
Community Name	**************************************	Telephone				
Signature		Date				
Comments (including type of equipment and loc	ation, per C2(e), if apr	olicable)				
, , , , , , , , , , , , , , , , , , ,		,				
			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, 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. 4540 CAMINO REAL			FOR INSURANCE COMPANY USE Policy Number:	
City	State	ZIP Code	Company NAIC Number	
SARASOTA	Florida	34231		

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.

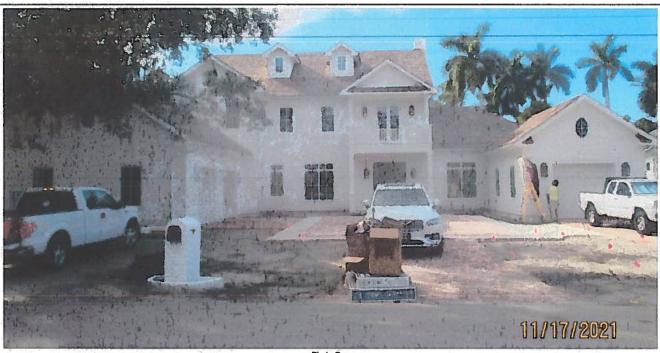


Photo One

Photo One Caption FRONT VIEW

Clear Photo One



Photo Two Caption REAR VIEW

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

MPORTANT: In these spaces, copy the corn	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St 4540 CAMINO REAL	uite, and/or Bldg. No.) o	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
SARASOTA	Florida	34231	
If submitting more photographs than will fit o with: date taken; "Front View" and "Rear v photographs must show the foundation with re	on the preceding page, View"; and, if require presentative examples	affix the additional photogra d, "Right Side View" and "l of the flood openings or vent	phs below. Identify all photographs Left Side View." When applicable, s, as indicated in Section A8.
	Photo 1	Three	
			=
	Photo Ti	hree	
Photo Three Caption	FIIOUT		Clear Photo Three
			8
			-
	Photo	Four	- 1
			η
	Photo F	our	
Photo Four Caption			Clear Photo Four