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

Conve		fthia	Elevation	Cartificate and	all attachmente	for (1) communit	(official	(2) incurrence	agent/compony	and (2) huilding ownor
CODV	all pages c	א נוווצ	Elevation		all allachments) community	/ Onicial,	(Z) insurance a	agent/company	, anu (s	 building owner

			ty official, (2) filsu						
SECTION A – PROPEI A1. Building Owner's Name		RANCE COMPANY USE							
A1. Building Owner's Name Policy Number: DAVID G. & JANANN L. KUPPER									
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number:									
1473 MARLIN STREET									
City NOKOMIS		State Florida		ZIP Code 34275					
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 64, WATERFRONT ESTATES, TAX ID #0383090031									
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL									
A5. Latitude/Longitude: Lat. 27.134303°	Long{	32.435156°	Horizon	tal Datum: NAD	1927 🛛 NAD 1983				
A6. Attach at least 2 photographs of the building if	the Certifica	ite is being us	ed to obtain flood	insurance.					
A7. Building Diagram Number 1B									
A8. For a building with a crawlspace or enclosure(s):								
a) Square footage of crawlspace or enclosure	e(s)		N/A sq ft						
b) Number of permanent flood openings in the	e crawlspace	e or enclosur	e(s) within 1.0 foot	above adjacent gr	ade N/A				
c) Total net area of flood openings in A8.b		N/A sq ir	1						
d) Engineered flood openings? 🗌 Yes 🗄	× No								
A9. For a building with an attached garage:									
a) Square footage of attached garage		769 sq ff							
b) Number of permanent flood openings in the	e attached g	arage within	1.0 foot above adj	acent grade N/A					
c) Total net area of flood openings in A9.b		N/A sq	in						
d) Engineered flood openings? 🗌 Yes [X No								
SECTION B – FLOC	DD INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	i				
B1. NFIP Community Name & Community Numbe SARASOTA COUNTY - 125144	B1. NFIP Community Name & Community NumberB2. County NameB3. StateSARASOTA COUNTY - 125144SARASOTAFlorida								
B4. Map/Panel B5. Suffix B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	elevation(s) e Base Flood Depth)				
12115C-0243 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:	CBRS								

ELEVATION CERTIFICATE	DMB No. 1660-0008 Expiration Date: November 30, 2022					
IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., L 1473 MARLIN STREET	Policy Number:					
City NOKOMIS		P Code 275	Company NAIC Number			
SECTION C -	- BUILDING ELEVATION INFORM	ATION (SURVEY R	REQUIRED)			
C2. Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below acc Benchmark Utilized: <u>NGS BM M-72</u> Indicate elevation datum used for th NGVD 1929 X NAVD	required when construction of the buil H, A (with BFE), VE, V1–V30, V (with ording to the building diagram specifie 23 EL: 4.38' Vertical Datur he elevations in items a) through h) be 1988 Other/Source:	BFE), AR, AR/A, AR d in Item A7. In Puer n: <u>NAVD1988</u> low.	R/AE, AR/A1–A30, AR/AH, AR/AO.			
Datum used for building elevations	must be the same as that used for the	BFE.	Check the measurement used.			
a) Top of bottom floor (including backet)b) Top of the next higher floorc) Bottom of the lowest horizontal	asement, crawlspace, or enclosure floo	or)	$11.5 \times \text{feet} \text{meters}$ $N/A \times \text{feet} \text{meters}$ $N/A \times \text{feet} \text{meters}$			
d) Attached garage (top of slab)			8.3 X feet meters			
 e) Lowest elevation of machinery ((Describe type of equipment an 	or equipment servicing the building d location in Comments)		N/A ⊠ feet ☐ meters			
f) Lowest adjacent (finished) grad	e next to building (LAG)		6.7 X feet meters			
g) Highest adjacent (finished) grad	le next to building (HAG)		7.4 \times feet \Box meters			
 h) Lowest adjacent grade at lowes structural support 	t elevation of deck or stairs, including		N/A 🛛 feet 🗌 meters			
SECTION D	– SURVEYOR, ENGINEER, OR AI	RCHITECT CERTIF	FICATION			
This certification is to be signed and sea I certify that the information on this Cert statement may be punishable by fine or	ificate represents my best efforts to int imprisonment under 18 U.S. Code, Se	erpret the data avail	lable. I understand that any false			
Were latitude and longitude in Section A	A provided by a licensed land surveyor	? 🛛 Yes 🗌 No	X Check here if attachments.			
Certifier's Name B. GREGORY RIETH	License Number 5228					
Title PSM/CFM			Place			
Company Name BENNETT-PANFIL, INC.			Seal			
Address 742 SHAMROCK BLVD			Here			
City VENICE	State Florida	ZIP Code 34293				
Signature	Date 07/11/2022	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 #20-07-18. THE SUBJECT STRUCTURE IS UNDER CONSTUCTION, 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). DATE OF FIELD SURVEY: 07/07/2022						

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

ELEVATION CERTIFICATE	Expiration Date: November 30, 2022						
IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, 1473 MARLIN STREET	or P.O. Route and Box No.	Policy Number:					
City NOKOMIS	State Florida	ZIP Code 34275	Company NAIC Number				
SECTION E – BUILDING FOR Z	ELEVATION INI ONE AO AND ZO	FORMATION (SURVEY NO DNE A (WITHOUT BFE)	T 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		feet me	ters above or below the HAG.				
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet 🗌 me	ters above or below the LAG.				
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in	od openings provid	ded in Section A Items 8 and/	or 9 (see pages 1–2 of Instructions),				
the diagrams) of the building is		feet me	ters above or below the HAG.				
E3. Attached garage (top of slab) is		feet me	ters above or below the HAG.				
E4. Top of platform of machinery and/or equipmen servicing the building is	t	feet 🗌 me	ters above or below the HAG.				
E5. Zone AO only: If no flood depth number is avai floodplain management ordinance?			accordance with the community's st certify this information in Section G.				
SECTION F – PROPERTY (OWNER (OR OWI	NER'S REPRESENTATIVE)	CERTIFICATION				
The property owner or owner's authorized represen community-issued BFE) or Zone AO must sign here	tative who comple e. The statements	etes Sections A, B, and E for in Sections A, B, and E are c	Zone A (without a FEMA-issued or correct to the best of my knowledge.				
Property Owner or Owner's Authorized Representa	tive's Name						
Address		City	State ZIP Code				
Signature		Date	Telephone				
Comments							
			Check here if attachments.				

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

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, St 1473 MARLIN STREET	No.	Policy Number:						
City NOKOMIS	State Florida	ZIP Code 34275		Company NAIC Number				
SECTIO		TY INFORMATION (OPTIC	ONAL)					
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.	-							
G3. The following information (Items G4–	-G10) is provided fo	or community floodplain ma	inagem	ent purposes.				
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:] New Constructior	n 🗌 Substantial Improvem	nent					
G8. Elevation of as-built lowest floor (including of the building:	g basement) _		feet	meters				
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 loo	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

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Building Street Address (including Apt 1473 MARLIN STREET	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.



Photo One Caption

Clear Photo One



Clear Photo Two

IMPORTANT: In these spaces, copy			FOR INSURANCE COMPANY USE
Building Street Address (including Apt. 1473 MARLIN STREET	, Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
NOKOMIS	Florida	34275	
If submitting more photographs than with: date taken; "Front View" and photographs must show the foundation	"Rear View"; and, if require	ed, "Right Side View" and "	Left Side View." When applicable,
	Photo	Three	
	Photo	Three	
Photo Three Caption			Clear Photo Three
	Photo	Four	
	Photo	Four	
Photo Four Caption			Clear Photo Four

BUILDING PHOTOGRAPHS

Continuation Page

ELEVATION CERTIFICATE

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