**Important:** Follow the instructions on pages 1–9.

<u></u>		af their Flaggerian	Certificate and all		(A)	· - ff: -: - 1 /0	) :	1	al (O) le suit altre as as	
()		$\Delta t$ this Heldvation	n i antiticata and all	i attachmente for i	1) community		i inglirance adent	icomnanv an		wner
OUP	an pages		i Ocitincate and an		1, communit	y Unitolai, (Z		company, an	u (o) building o	willer.

		TION A – PROPERTY		( )			ANCE COMPANY USE
A1. Building Owner's Name						Policy Num	
SOUTHWOOD VILLAGE LLC; SOTA 75 LLC							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:							AIC Number:
2149 LAKEWOOD	RANCH BO	JLEVARD					
City State ZIP Code							
	SARASOTA Florida 34240						
A3. Property Desc Parcel ID: 0215020	•	nd Block Numbers, Ta	ax Parcel	Number, Le	gal Description, et	c.)	
A4. Building Use (e	e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) Multi-fami	ly residential	
A5. Latitude/Longit	ude: Lat. 2	7°20'26.39"N	Long.8	2°26'20.02"W	/ Horizonta	I Datum: 🗌 NAD 1	927 🗙 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	used to obtain f <b>l</b> oo	d insurance.	
A7. Building Diagra	am Number	1A					
A8. For a building	with a crawls	pace or enclosure(s):					
_		space or enclosure(s)			N/A sq ft		
b) Number of p	ermanent flo	ood openings in the cr	awlspace	e or enclosur	e(s) within 1.0 foot	above adjacent gra	ade N/A
		penings in A8.b	·	N/A sqir		, ,	
-					•		
d) Engineered	nood openir	ngs? 🗌 Yes 🗵 N	10				
A9. For a building v	/ith an attach	ned garage:					
a) Square foot	age of attach	ned garage		N/A sq fl			
b) Number of p	ermanent flo	ood openings in the at	tached g	arage within	1.0 foot above adj	acent grade N/A	
c) Total net are	ea of flood op	penings in A9.b		N/A sq	in		
d) Engineered	flood openin	gs? 🗌 Yes 🖂 N	١o				
	SE	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Commun	ity Name & C	Community Number		B2. County	Name		B3. State
Sarasota County 12	25144			Sarasota			Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12115C0154	F	11-04-2016	11-04-2	vised Date 2016	A & X	24.3	
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: N/A							

ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November 30, 2022			
IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, S 2149 LAKEWOOD RANCH BOULEVARD	Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:	
City SARASOTA	State Florida	ZIP Code 34240	Company NAIC Number	
SECTION C – BU	ILDING ELEVATION IN	FORMATION (SURVEY	REQUIRED)	
	Construction Drawings* ired when construction of (with BFE), VE, V1–V30, g to the building diagram vertice vertices vert	⊠ Building Under Const         the building is complete.         V (with BFE), AR, AR, A, A         specified in Item A7. In Pue         al Datum: NAVD 88         gh h) below.         d for the BFE.         sure floor)	ruction*  Finished Construction R/AE, AR/A1–A30, AR/AH, AR/AO.	
<ul> <li>h) Lowest adjacent grade at lowest ele structural support</li> </ul>	vation of deck or stairs, in	cluding	N/A feet meters	
SECTION D – S	URVEYOR, ENGINEER	, OR ARCHITECT CERTI	FICATION	
This certification is to be signed and sealed I I certify that the information on this Certificat statement may be punishable by fine or impr Were latitude and longitude in Section A pro	by a land surveyor, engine e represents my best effo risonment under 18 U.S. (	eer, or architect authorized rts to interpret the data ava Code, Section 1001.	by law to certify elevation information. <i>ilable. I understand that any false</i>	
Certifier's Name Aaron J. Murphy Title Vice President Company Name Hamilton Engineering & Surveying, LLC Address 3409 West Lemon Street City Tampa	License Nu PSM 6768 State Florida	ZIP Code 33609	Check here if attachments.	
Signature	Date	Telephone	Ext.	
Copy all pages of this Elevation Certificate and	12-02-2022			
Copy all pages of this Elevation Certificate and Comments (including type of equipment and Not valid without raised surveyor's seal. N/A Geodetic Survey Benchmark "DP 6072", hav issued by Federal Emergency Management 25.9', Panel numbers 12115C0154F & 12115	location, per C2(e), if app indicates "Not Applicable' ing a published elevation Agency, the subject parce	licable) '. Elevations shown hereon of 22.03' (NAVD 88). Accc I shown appears to lie with	are on NAVD 88 based on National ording to current flood insurance maps in Zone "X" and Zone "A" with BFE	

OMB No.	1660-0008		
Expiratior	Date: November 3	30,	2022

IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, a 2149 LAKEWOOD RANCH BOULEVARD	and/or Bldg. No.) or P.C	D. Route and Box No.	Policy Number:				
City SARASOTA	State Florida	ZIP Code 34240	Company NAIC Number				
SECTION E – BUILDING I FOR ZO	ELEVATION INFORM		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.							
<ul> <li>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).</li> <li>a) Top of bottom floor (including basement,</li> </ul>							
crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet mete					
E2. For Building Diagrams 6–9 with permanent flood	d openings provided in	[] feet [] mete Section A Items 8 and/or					
the next higher floor (elevation C2.b in the diagrams) of the building is		feet 🗌 mete	rs 🗌 above or 🗌 below the HAG.				
E3. Attached garage (top of slab) is		feet 🗌 mete	rs above or below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is		feet 🗌 mete	rs 🔲 above or 🗌 below the HAG.				
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance?			ccordance with the community's certify this information in Section G.				
SECTION F – PROPERTY O	WNER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION				
The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here.	ative who completes So . The statements in Sec	ections A, B, and E for Zo ctions A, B, and E are co	one A (without a FEMA-issued or rrect to the best of my knowledge.				
Property Owner or Owner's Authorized Representati	ve's Name						
Address	City	ı Si	tate ZIP Code				
Signature	Date	e Te	elephone				
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 2149 LAKEWOOD RANCH BOULEVARD		Policy Number:						
City	State	ZIP Code						
SARASOTA	Florida	34240		Company NAIC Number				
SECTIC	ON G – COMMUNITY I	INFORMATION (OPTIO	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 Secti or Zone AO.	on E for a building loca	ated in Zone A (without a	a FEMA-	issued or community-issued BFE)				
G3.  The following information (Items G4–	-G10) is provided for co	ommunity floodplain mar	nagemer	nt purposes.				
G4. Permit Number	G5. Date Permit Iss	ued		ate Certificate of mpliance/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:	g basement)	[	_ feet [	meters				
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	[	_ feet [	meters				
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	cation, per C2(e), if ap	plicable)						
				Check here if attachments.				

2149 LAKEWOOD RANCH BOULEVARE	)			
City SARASOTA	State Florida	ZIP Code 34240	Company NAIC Number	
If using the Elevation Certificate to o instructions for Item A6. Identify all phot "Left Side View." When applicable, pho vents, as indicated in Section A8. If subr	ographs with date taken; "Fr otographs must show the fe	ont View" and "Rear Vie oundation with represer	w"; and, if required, "Right Side V tative examples of the flood ope	iew" and
	Photo	One		
	Photo	o One		
Photo One Caption			Clear	Photo One
	Photo	o Two		
	Photo	) Two		
Photo Two Caption		•	Clear	r Photo Two
	Replaces all pre	evious editions.	Form	Page 5 of

**BUILDING PHOTOGRAPHS** 

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

FOR INSURANCE COMPANY USE

Policy Number:

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

Building Street Address (including A 2149 LAKEWOOD RANCH BOULE	.pt., Unit, Suite, and/or Bldg. No.)( VARD	or P.O. Route and Box No.	Policy Number:
City SARASOTA	State Florida	ZIP Code 34240	Company NAIC Number
If submitting more photographs th with: date taken; "Front View" a photographs must show the founda	nd "Rear View"; and, if require	ed, "Right Side View" and	raphs below. Identify all photographs "Left Side View." When applicable, nts, as indicated in Section A8.
	Photo	Three	
	Photo <sup>-</sup>	Three	
Photo Three Caption			Clear Photo Three
	Photo	Four	
	Photo	Four	
Photo Four Caption			Clear Photo Four

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

FOR INSURANCE COMPANY USE

## **BUILDING PHOTOGRAPHS**

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.