## 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 INSUF	RANCE COMPANY USE
A1. Building Owner's Name  CLIFTON RANDLOPH MCCRAW  Policy Number:						ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7161 MANASOTA KEY RD  Company NAIC Number						AIC Number:
•					ZIP Code 34223	
A3. Property Description (Lot and METES & BOUNDS, TAX ID #050		Parcel	Number, Leç	gal Description, et	c.)	
A4. Building Use (e.g., Residentia	al, Non-Residential, A	ddition,	Accessory,	etc.) RESIDEN	TIAL	
A5. Latitude/Longitude: Lat. 26.9	976°	_ong. <u>-</u> 8	2.39299°	Horizonta	I Datum:  NAD 1	927 × NAD 1983
A6. Attach at least 2 photographs	s of the building if the	Certifica	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagram Number _	1B					
A8. For a building with a crawlspa	ace or enclosure(s):					
a) Square footage of crawlsp	pace or enclosure(s)			N/A sq ft		
b) Number of permanent floo	od openings in the cra	wlspace	or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net area of flood ope	enings in A8.b		N/A sq in	ı		
d) Engineered flood opening	s? Yes X No	)				
A9. For a building with an attache	d garage:					
a) Square footage of attache	d garage	1	720 sq ft			
b) Number of permanent floo	od openings in the atta	ched g	arage within	1.0 foot above adj	acent grade N/A	
c) Total net area of flood ope	enings in A9.b		N/A sq	in		
d) Engineered flood openings?						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number B2. County Name B3. State						
SARASOTA COUNTY - 125144  SARASOTA  SARASOTA  Florida						
B4. Map/Panel B5. Suffix I	B6. FIRM Index Date	Effe	RM Panel	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	L levation(s) e Base Flood Depth)
12115C-0432 F 11-04-2016 Revised Date 11-04-2016 AE 10'						
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile 区 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 DPA						

## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/o 7161 MANASOTA KEY RD	Policy Number:					
City State ZIP Code C ENGLEWOOD Florida 34223			Company NAI	Company NAIC Number		
SECTION C – BUILDING E	LEVATION INFORM	ATION (SURVEY RI	EQUIRED)			
*A new Elevation Certificate will be required when C2. Elevations – Zones A1–A30, AE, AH, A (with BFE) Complete Items C2.a–h below according to the bu Benchmark Utilized: DEP BM 1784 C-17 EL: 8.58	construction of the built, VE, V1–V30, V (with ilding diagram specific but on the built of the b	BFE), AR, AR/A, AR/ed in Item A7. In Puert m: NGVD1929	/AE, AR/A1-A30			
Indicate elevation datum used for the elevations in	, ,	elow.				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other Datum used for building elevations must be the sar		e BFE.	Check the	measurement used.		
a) Top of bottom floor (including basement, crawls	space, or enclosure flo	oor)	11.6 × fee			
b) Top of the next higher floor			N/A ⋉ fee	t meters		
c) Bottom of the lowest horizontal structural memb	per (V Zones only)		N/A ⊠ fee	t meters		
d) Attached garage (top of slab)	` ',		6.9 × fee	t meters		
e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Co	rvicing the building mments)		N/A ⊠ fee	t meters		
f) Lowest adjacent (finished) grade next to buildin	g (LAG)		5.5 × fee	t meters		
g) Highest adjacent (finished) grade next to buildir	ng (HAG)		6.0 ⊠ fee	t meters		
h) Lowest adjacent grade at lowest elevation of de structural support	eck or stairs, including		N/A ⋉ fee	t meters		
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
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	Check h	ere 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 02-15-2023	Telephone (941) 497-1290	Ext.			
Copy all pages of this Elevation Certificate and all attachm	nents 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 #22-03-33. THE SUBJECT STRUCTURE IS UNDER CONSTRUCTION. NO VENTS OR MACHINERY HAVE BEEN INSTALLE AT  THIS TIME. SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST APP - NO CONVERSION). ELEVATIONS  SHOWN IN SECTION "C" WERE CONVERTED FROM N.G.V.D. 1929 DATUM TO N.A.V.D. 1988 DATUM USING VERTCON  CONVERSION PROGRAM.  DATE OF FIELD SURVEY: 01/27/2023						

## **ELEVATION CERTIFICATE**

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

IMPO	RTANT: In these spaces, copy the corresp	FOR INSURANCE COMPANY USE				
	ing Street Address (including Apt., Unit, Suite MANASOTA KEY RD	, and/or Bldg. No.) or l	P.O. Route and Box No.	Policy Number:		
City ENGI	LEWOOD	State Florida	ZIP Code 34223	Company NAIC Number		
	SECTION E – BUILDING FOR Z		RMATION (SURVEY NO E 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						
á	<ul> <li>the highest adjacent grade (HAG) and the low</li> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>	est adjacent grade (L/	feet met			
t	For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in the diagrams) of the building is	od openings provided		or 9 (see pages 1–2 of Instructions),		
E3. A	Attached garage (top of slab) is		feet met	ers 🔲 above or 🔲 below the HAG.		
	Top of platform of machinery and/or equipmer servicing the building is	nt		ers 🔲 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	R'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.						
Prope	erty Owner or Owner's Authorized Representa	ative's Name				
Addre	ess	C	City S	State ZIP Code		
Signa	ature	Ī	Date 1	elephone		
Comr	ments					
				Check here if attachments.		

## **ELEVATION CERTIFICATE**

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

MPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, States of MANASOTA KEY RD	Policy Number:				
City ENGLEWOOD	State Florida	ZIP Code 34223		Company NAIC Number	
SECTION	ON G - COMMUNI	TY INFORMATION (OPT	IONAL)		
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	Certificate. Compl				
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 E for a building	located in Zone A (without	ut a FEM <i>A</i>	A-issued or community-issued BFE)	
G3. The following information (Items G4–	·G10) is provided fo	or community floodplain n	nanageme	ent purposes.	
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction	n 🗌 Substantial Improve	ement		
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:	-		feet	meters Datum	
Local Official's Name		Title			
Community Name		Telephone			
Signature		Date			
Comments (including type of equipment and loc	cation, per C2(e), if	f applicable)			
				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, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 7161 MANASOTA KEY RD	Policy Number:		
City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number

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



Photo Two Caption Clear Photo Two

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 7161 MANASOTA KEY RD	Policy Number:		
City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number

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 Clear Photo Three



Photo Four Caption Clear Photo Four