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 ROBERT P & BETH D KARNES					Policy Num	ber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7445 SANDERLING ROAD					Company N	AIC Number:		
City SARASOTA	·					ZIP Code 34242		
		nd Block Numbers, Ta ROPERTIES INC UN			•	cription, etc.)		
A4. Building Use (e.g., Resider	itial, Non-Residential,	Addition	, Accessory,	etc.)	RESIDENTIAL	-	
A5. Latitude/Longi	tude: Lat. 2	7.24091°	Long8	32.5356°		Horizontal Da	tum: NAD 1	927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to c	btain flood ins	urance.	
A7. Building Diagra	am Number	6						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)			0	sq ft		
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) with	in 1.0 foot abo	ve adjacent gra	ade 0
c) Total net ar	ea of flood o	penings in A8.b		0 sq ir	1			
d) Engineered	I flood openir	ngs? Yes 🗵 Y	No					
A9. For a building \	vith an attach	ned garage:						
a) Square foot	age of attach	ned garage		0 sq ft				
b) Number of	permanent flo	ood openings in the at	tached g	arage within	1.0 foot	above adjacer	nt grade 0	
c) Total net ar	c) Total net area of flood openings in A9.b 0 sq in							
d) Engineered	flood openin	gs? Yes 🗓 Y	No					
, ,	'	5						
	SE	CTION B – FLOOD	INSURA	NCE RATE	MAP (F	IRM) INFOR	MATION	
B1. NFIP Commun SARASOTA COUN	-	Community Number		B2. County SARASOTA				B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flo Zone(s	ood B9). Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12115C-0207	F	11-04-2016	11-04-2		AE	11	ı	
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 l	Date:		CBRS	OPA				_

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/or 7445 SANDERLING ROAD	Policy Number:						
City Stat SARASOTA Flor		IP Code 4242	Company NAIC Number				
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on:							
structural support			N/A X feet 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 surveyor? Yes No Check here if attachments.							
Certifier's Name B. GREGORY RIETH Title PSM/CFM Company Name BENNETT-PANFIL, INC. Address 742 SHAMROCK BLVD City VENICE Signature Copy all pages of this Elevation Certificate and all attachme Comments (including type of equipment and location, per FILE #19-03-06. THE SUBJECT STRUCTURE IS UNDE AT THIS TIME. SECTION A5 WAS DERIVED FROM A H DATE OF FIELD SURVEY: 11/11/2022	C2(e), if applicable)) I, NO VENTS OR MAC	CHINERY HAVE BEEN INSTALLED				

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.					INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. SANDERLING ROAD					y Number:		
		Ctata	710 0 - 4 -	0	NAIO Ni		
City	RASOTA	State Florida	ZIP Code 34242	Comp	pany 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			<u>, </u>	A or LOMR-F request.		
con	nplete Sections A, B,and C. For Items E1–E4, user meters.	se natural grade, if a	available. Check the m	ieasurement u	sed. In Puerto Rico only,		
E1.	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 [meters	above or 🔲 below the HAG.		
	 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet [meters	above or		
E2.	For Building Diagrams 6–9 with permanent floot the next higher floor (elevation C2.b in the diagrams) of the building is	od openings provide	ed in Section A Items 8	and/or 9 (see	pages 1–2 of Instructions), above or □ below the HAG.		
E3.	Attached garage (top of slab) is			meters	above or below the HAG.		
	Top of platform of machinery and/or equipment servicing the building is	t		meters	above or below the HAG.		
E5.	Zone AO only: If no flood depth number is avai floodplain management ordinance? Yes		he bottom floor elevate	ed in accordan	_		
	SECTION F - PROPERTY O	OWNER (OR OWNI	ER'S REPRESENTATI	IVE) CERTIFI	CATION		
The	property owner or owner's authorized represen nmunity-issued BFE) or Zone AO must sign here	tative who complete e. The statements ir	es Sections A, B, and E Sections A, B, and E	E for Zone A (vare correct to	without a FEMA-issued or the best of my knowledge.		
Pro	perty Owner or Owner's Authorized Representat	tive's Name					
Add	Iress		City	State	ZIP Code		
Sig	nature		Date	Telephor	ne		
Cor	nments						
					Check here if attachments.		

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. SANDERLING ROAD				Policy Number:			
City SARASOTA	State Florida	ZIP Code 34242		Company NAIC Number			
SECTION G – COMMUNITY INFORMATION (OPTIONAL)							
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	located in Zone A (without	t a FEM <i>A</i>	A-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for	or community floodplain m	anageme	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued		Pate Certificate of compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction	n	ment				
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 t	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 location, per C2(e), if 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, c	FOR INSURANCE COMPANY USE		
Building Street Address (including SANDERLING 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 Clear Photo One



Photo Two Caption Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the cor	FOR INSURANCE	COMPANY USE				
Building Street Address (including Apt., Unit, S SANDERLING ROAD	Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:			
City SARASOTA	State Florida	ZIP Code 34242	Company NAIC Nu	mber		
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 1	Three				
	Photo Th	nree				
Photo Three Caption				Clear Photo Three		
	Photo	Four				
	Photo F	our				
Photo Four Caption				Clear Photo Four		