### 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 INSURANCE COMPANY USE                                     |  |  |  |
|---|---|--|--|--|
| A1. Building Owner's Name DAVID LANTZ   | Policy Number:  |  |  |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  207 CHANDLER ROAD                                | Company NAIC Number:  |  |  |  |
| City State NOKOKIS Florida  | ZIP Code<br>34275   |  |  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 18, BLOCK E, LAUREL HILL, PB 2, PG 202 PIN: 0170070022 |   |  |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL  |   |  |  |  |
| A5. Latitude/Longitude: Lat. 27°08'07.6" Long. 82°27'18.9" Horizontal Dat   | tum: NAD 1927 X NAD 1983                                      |  |  |  |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood ins  | urance.   |  |  |  |
| A7. Building Diagram Number1B   |   |  |  |  |
| A8. For a building with a crawlspace or enclosure(s):   |   |  |  |  |
| a) Square footage of crawlspace or enclosure(s) N/A sq ft   |   |  |  |  |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot abo   | ve adjacent grade N/A   |  |  |  |
| c) Total net area of flood openings in A8.b N/A sq in   |   |  |  |  |
| d) Engineered flood openings? ☐ Yes 区 No  |   |  |  |  |
| A9. For a building with an attached garage:   |   |  |  |  |
| a) Square footage of attached garage 342.00 sq ft   |   |  |  |  |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A   |   |  |  |  |
| c) Total net area of flood openings in A9.b N/A sq in   |   |  |  |  |
| d) Engineered flood openings?   |   |  |  |  |
| o,  |   |  |  |  |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |   |  |  |  |
| B1. NFIP Community Name & Community Number  SARASOTA COUNTY 125144  B2. County Name  SARASOTA   | B3. State<br>Florida  |  |  |  |
| B4. Map/Panel B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Zone(s) B8. Flood Zone(s)  | 9. Base Flood Elevation(s)<br>(Zone AO, use Base Flood Depth) |  |  |  |
| 12115C 0239 F 11-04-2016 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 ☒ 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  |   |  |  |  |
|   |   |  |  |  |

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| IMPORTANT: In these spaces, capy the corresponding information from Section A   |                             |                                    | FOR INSURANCE COMPANY USE       |
|---|-----------------------------|------------------------------------|---------------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A.  |                             |                                    | Policy Number:                  |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 207 CHANDLER ROAD   |                             |                                    |                                 |
| ,   |                             | Code                               | Company NAIC Number             |
| NOKOKIS   | Florida 342                 | 75                                 |                                 |
| SECTION C - BUILDING  | ELEVATION INFORMA           | TION (SURVEY RE                    | EQUIRED)                        |
| C1. Building elevations are based on: Constru  *A new Elevation Certificate will be required when   | • -                         | ding Under Construing is complete. | ection* X Finished Construction |
| 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: NGS 26023A  | Vertical Datum              |                                    |                                 |
| Indicate elevation datum used for the elevations  |                             |                                    |                                 |
| ☐ NGVD 1929 ☒ NAVD 1988 ☐ Oth   |                             |                                    |                                 |
| Datum used for building elevations must be the s  |                             | BFE.                               |                                 |
|   |                             |                                    | Check the measurement used.     |
| <ul> <li>a) Top of bottom floor (including basement, craw</li> </ul>  | vispace, or enclosure floor | )                                  | 13.8 X feet  meters             |
| b) Top of the next higher floor   |                             |                                    | N/A  feet  meters               |
| c) Bottom of the lowest horizontal structural mer   | mber (V Zones only)         |                                    | N/A [] feet [] meters           |
| d) Attached garage (top of slab)  | ,,,                         | -                                  | 12.9 X feet meters              |
|   | een iisisa tha huildina     |                                    |                                 |
| <ul> <li>e) Lowest elevation of machinery or equipment:<br/>(Describe type of equipment and location in C</li> </ul>  | Comments)                   |                                    | 13.8  feet meters               |
| <li>f) Lowest adjacent (finished) grade next to build</li>  | ling (LAG)                  |                                    | 12.3 X feet  meters             |
| g) Highest adjacent (finished) grade next to build  | ding (HAG)                  |                                    | 12.8 X feet  meters             |
| <ul> <li>h) Lowest adjacent grade at lowest elevation of<br/>structural support</li> </ul>  | deck or stairs, including   |                                    | 13.4 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  |                             |                                    | ☐ Check here if attachments.    |
| Certifier's Name  | License Number              |                                    |                                 |
| Kenneth R. Palmer   | LS 4661                     |                                    | 12,129                          |
| Title<br>Surveyor   |                             |                                    |                                 |
| Company Name  |                             |                                    |                                 |
| Palmer Land Surveying, LLC  |                             |                                    | //38al 77                       |
| Address<br>1437 Tallevast Road  |                             |                                    | Here &                          |
| City  | State                       | ZIP Code                           |                                 |
| Sarasota  | Florida                     | 34243                              | A Section of the Section        |
| Signature   | Date<br>03-18-2023          | Telephone<br>(941) 527-0142        | 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) Project No. 357-020 LOT18: The Method used to determine the Latitude and Longitiude was itouchmap.com. C2.e) A/C on the left side of the building.  |                             |                                    |                                 |
|   |                             |                                    |                                 |

### **ELEVATION CERTIFICATE**

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| IMPORTANT: In these spaces, copy the corresponding information from Section A.   |  |  | FOR INSURANCE COMPANY USE  |  |
|--|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 207 CHANDLER ROAD  |  |  | Policy Number:   |  |
| City Sta<br>NOKOKIS Flo  |  | IP Code<br>4275                                  | Company NAIC Number  |  |
| SECTION E - BUILDING ELEV<br>FOR ZONE  | ATION INFORMAT<br>AO AND ZONE A (V       |  | 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).  |  |  |  |  |
| <ul> <li>a) Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> </ul>   |  | _  | rs □ above or □ below the HAG.                                       |  |
| <ul> <li>Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> </ul>  |  | _  | rs above or below the LAG.   |  |
| E2. For Building Diagrams 6-9 with permanent flood ope   | enings provided in Sec                   | ction A Items 8 and/or                           | 9 (see pages 1-2 of Instructions).                                   |  |
| the next higher floor (elevation C2.b in the diagrams) of the building is  | 3-1                                      | _ [] feet [] meter                               |  |  |
| 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  |  | _  | rs 🔲 above or 🖺 below the HAG.                                       |  |
| E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes I  | is the top of the botto<br>No Unknown. T | m floor elevated in ac<br>he local official must | cordance with the community's certify this information in Section G. |  |
| SECTION F - PROPERTY OWNE  | R (OR OWNER'S RE                         | PRESENTATIVE) CI                                 | RTIFICATION  |  |
| 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.           |  |  |  |  |
| community-issued BFE) or Zone AO must sign here. The   | statements in Section                    | ns A, B, and E are cor                           | rect to the best of my knowledge.                                    |  |
| community-issued BFE) or Zone AO must sign here. The<br>Property Owner or Owner's Authorized Representative's  | statements in Section                    | ns A, B, and E are cor                           | rect to the best of my knowledge.                                    |  |
| community-issued BFE) or Zone AO must sign here. The   | statements in Section                    | ns A, B, and E are con                           | rect to the best of my knowledge.  ate ZIP Code                      |  |
| community-issued BFE) or Zone AO must sign here. The<br>Property Owner or Owner's Authorized Representative's  | statements in Section                    | ns A, B, and E are con                           | rect to the best of my knowledge.                                    |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature   | statements in Section Name City          | ns A, B, and E are con                           | ate ZIP Code   |  |

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| 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.  |                                       |                | Policy Number:                                     |  |
| 207 CHANDLER ROAD  |                                       |                |  |  |
| City   | State ZIP Co                          | ode            | Company NAIC Number                                |  |
| NOKOKIS  | Florida 34275                         | <b>i</b>       |  |  |
| SECTIO   | N G - COMMUNITY INFORMATIO            | N (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 Section or Zone AO.   | on E for a building located in Zone A | (without a FEM | A-issued or community-issued BFE)                  |  |
| G3. The following information (Items G4-   | G10) is provided for community floor  | dplain managem | ent purposes.                                      |  |
| G4. Permit Number  | G5. Date Permit Issued                |                | Date Certificate of<br>Compliance/Occupancy Issued |  |
| G7. This permit has been issued for:   | New Construction  Substantial         | mprovement     |  |  |
| G8. Elevation of as-built lowest floor (including of the building:   | p 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  | cation, per C2(e), if applicable)     | · <del></del>  |  |  |
|  |                                       |                |  |  |
|  |                                       |                |  |  |
|  |                                       |                |  |  |
|  |                                       |                |  |  |
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|  |                                       |                |  |  |
|  |                                       |                |  |  |
|  |                                       |                |  |  |
|  |                                       |                | Check here if attachments.                         |  |

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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| 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. 207 CHANDLER ROAD |         |          | FOR INSURANCE COMPANY USE Policy Number: |
|---|---------|----------|--|
| City  | State   | ZIP Code | Company NAIC Number                      |
| NOKOKIS   | 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

Photo One Caption FRONT VIEW 03-16-23

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW 03-16-23

Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

**Continuation Page** 

OMB No. 1660-0008

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| IMPORTANT: In these spaces, copy                        | FOR INSURANCE COMPANY USE Policy Number: |                   |                     |
|---|--|-------------------|---------------------|
| Building Street Address (including Ap 207 CHANDLER ROAD |  |                   |                     |
| City<br>NOKOKIS   | State<br>Florida                         | ZIP Code<br>34275 | 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

Photo Three Caption A/C 03-16-23

Clear Photo Three

**Photo Four** 

Photo Four

Photo Four Caption

Clear Photo Four