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 INSU | RANCE COMPANY USE | |
|-----------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|------------|------------------------------------|----------------------|----------------------------------|------------------------------------|
| A1. Building Own CHARLES P. LOU | | INA M. LOUISO | | | | Policy Num | ber: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 503 WANDA PLACE | | | | Company t | NAIC Number: | | |
| City | | | | State | | ZIP Code | |
| NOKOMIS | | | | Florida | | 34275 | |
| | | nd Block Numbers, Tack 2, MOBILE CITY | | | - | • | |
| A4 Building Use | (e.g., Resider | ntial, Non-Residential, | Addition | Accessory, | etc.) RESID | ENTIAL ACCESSOR | <i>(</i> |
| A5. Latitude/Long | itude: Lat. 2 | 7.118042 | Long6 | 32,443048 | Horizo | ntal Datum: NAD | 1927 X NAD 1983 |
| A6. Attach at leas | t 2 photograp | hs of the building if th | e Certific | ate is being i | used to obtain fl | lood insurance. | |
| A7. Building Diagi | am Number | 1A | | | | | |
| A8. For a building | with a crawls | space or enclosure(s): | | | | | |
| a) Square foo | tage of craw | space or enclosure(s) | | | 665.21 sq ft | | |
| b) Number of | permanent flo | ood openings in the cr | awlspac | e or enclosur | e(s) within 1.0 fe | oot above adjacent gr | ade N/A |
| c) Total net a | rea of flood o | penings in A8.b | | N/A sq ir | 1 | | |
| d) Engineere | d flood openir | ngs? ☐ Yes ⊠ I | No | | | | |
| A9. For a building | with an attach | ned garage: | | | | | |
| a) Square foo | tage of attach | ned garage | | N/A sq ff | : | | |
| b) Number of | permanent flo | ood openings in the at | tached g | arage within | 1.0 foot above | adjacent grade N/A | |
| c) Total net ar | ea of flood o | penings in A9.b | | N/A sq | in | | |
| d) Engineered | I flood openin | gs? Yes 🗵 l | No | | | | |
| | SE | ECTION B - FLOOD | INSURA | NCE RATE | MAP (FIRM) I | NFORMATION | |
| B1. NFIP Community Name & Community Number SARASOTA COUNTY & 125144 | | | | B2. County Name SARASOTA COUNTY | | | B3. State Florida |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | Effe | RM Panel ective/ vised Date | B8. Flood Zone(s) | B9. Base Flood E (Zone AO, us | levation(s) e Base Flood Depth) |
| 12115C/0327 | F | 11-04-2016 | 11-04-2 | | AE | 10 | |
| | | Base Flood Elevation Community Deter | | | • | red in Item B9: | |
| B11. Indicate elev | ation datum ı | ised for BFE in Item E | 89: 🔲 N | GVD 1929 | NAVD 1988 | Other/Source: | |
| B12. Is the buildin | g located in a | Coastal Barrier Resc | ources Sy | ystem (CBRS |) area or Other | wise Protected Area (| OPA)? ☐ Yes ⊠ No |
| Designation | Date: | П | CBRS | ☐ OPA | | | |
| - | | | | | | | |

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| IMPORTANT: In these spaces, copy the corresponding information from Section A. | FOR INSURANCE COMPANY USE | | |
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| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 503 WANDA PLACE | Policy Number: | | |
| City State ZIP Code NOKOMIS Florida 34275 | Company NAIC Number | | |
| SECTION C BUILDING ELEVATION INFORMATION (SURVEY R | EQUIRED) | | |
| C1. Building elevations are based on: Construction Drawings* Building Under Construction Provided Pro | Check the measurement used. 11.0 feet meters N/A feet meters | | |
| g) Highest adjacent (finished) grade next to building (HAG) | 11.0 X feet meters | | |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A feet meters | | |
| SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIF | | | |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by I certify that the information on this Certificate represents my best efforts to interpret the data availa 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? | / law to certify elevation information. hble. I understand that any false Check here if attachments. | | |
| Certifier's Name License Number JUSTIN D. GARNER LS 6896 | | | |
| Title PROFESSIONAL SURVEYOR AND MAPPER Company Name FLORIDA ENGINEERING AND SURVEYING, LLC Address 631 N. TAMIAMI TRAIL | Seat Here LS # 69 9L | | |
| City State ZIP Code Florida 34275 | 3 20 2023 | | |
| Signature Date Telephone (941) 485-3100 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance at the community official (2) insurance at the community of th | Ext. agent/company, and (3) building owner. | | |
| Comments (including type of equipment and location, per C2(e), if applicable) -BUILDING IS A DETACHED GARAGE, NO FLOOD OPENINGS EXIST -NO A/C/ EXISTS, NO MACHINERY SERVICES BUILDING -ALL ELECTRIC EQUIPMENT SHOWN IN REAR PHOTO DOES NOT SERVICE THE BUILDING A | AND IS USED FOR POOL | | |

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| IMPORTANT: In these spaces, copy the correspon | ding information | from Section A. | | FOR INSURAN | CE COMPANY USE |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------|---------------------------|-------------------------------------------|-----------------------------------|
| Building Street Address (including Apt., Unit, Suite, at 503 WANDA PLACE | nd/or Bldg, No.) o | r P.O. Route and Bo | x No. | Policy Number: | |
| City NOKOMIS | State Florida | ZIP Code 34275 | | Company NAIC | Number |
| SECTION E - BUILDING E FOR ZOI | | ORMATION (SURV | | REQUIRED) | , |
| For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters. | | | | | |
| Provide elevation information for the following an the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement. | | | w whether | the elevation is | above or below |
| crawlspace, or enclosure) is | | [] feet | meter | s 🔲 above or | below the HAG. |
| b) Top of bottom floor (including basement, crawlspace, or enclosure) is | - | feet | meter: | s 🔲 above or | below the LAG. |
| E2. For Building Diagrams 6–9 with permanent flood | openings provide | d in Section A Items | 8 and/or | 9 (see pages 1–2 | 2 of Instructions), |
| the next higher floor (elevation C2.b in the diagrams) of the building is | | feet | meter | s 🔲 above or | below the HAG. |
| E3. Attached garage (top of slab) is | | feet | meter: | s 🔲 above or | below the HAG. |
| E4. Top of platform of machinery and/or equipment servicing the building is | | feet | meter: | s above or | below the HAG. |
| E5. Zone AO only, If no flood depth number is availat floodplain management ordinance? Yes | ble, is the top of t | ne bottom floor eleva own. The local offic | ited in acc ial must c | cordance with the certify this informa | e community's ation in Section G. |
| SECTION F - PROPERTY OV | VNER (OR OWN | R'S REPRESENTA | TIVE) CE | RTIFICATION | |
| The property owner or owner's authorized represental community-issued BFE) or Zone AO must sign here. | tive who complete | es Sections A, B, and Sections A, B, and I | E for Zon | ne A (without a F rect to the best of | EMA-issued or fmy knowledge. |
| Property Owner or Owner's Authorized Representative | e's Name | | | | |
| Address | | City | Sta | ite | ZIP Code |
| Signature | | Date | Tel | ephone | |
| Comments | | | | | |
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| IMPORTANT: In these spaces, copy the corr | FOR INSURANCE COMPANY USE | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------|-------------------------------------------------|
| Building Street Address (including Apt., Unit, S 503 WANDA PLACE | and Box No. | Policy Number: | |
| City NOKOMIS | State ZIP Coc Florida 34275 | de | Company NAIC Number |
| SECTION | ON G - COMMUNITY INFORMATION | (OPTIONAL) | |
| 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. Complete the applicable i | | |
| | en from other documentation that has sed by law to certify elevation informat | | |
| G2. A community official completed Section Zone AO. | on E for a building located in Zone A | (without a FEMA | A-issued or community-issued BFE) |
| G3. The following information (Items G4– | -G10) is provided for community flood | plain manageme | ent purposes. |
| G4. Permit Number | G5. Date Permit Issued | | Date Certificate of compliance/Occupancy Issued |
| G7. This permit has been issued for: | New Construction Substantial Im | nprovement | |
| G8. Elevation of as-built lowest floor (including of the building: | j basement) | | 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 applicable) | | |
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| | | | |
| | | | Check here if attachments. |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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|-------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|---------------------|
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| City NOKOMIS | State Florida | ZIP Code 34275 | 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.

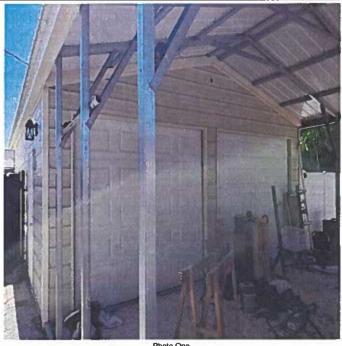


Photo One Caption FRONT VIEW, 3/16/2023

Clear Photo One



Photo Two Caption LEFT SIDE, 3/16/2023

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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| IMPORTANT: In these spaces, cop | FOR INSURANCE COMPANY USE | | |
|-------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 503 WANDA PLACE | | | Policy Number: |
| City | State Florida | ZIP Code 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.

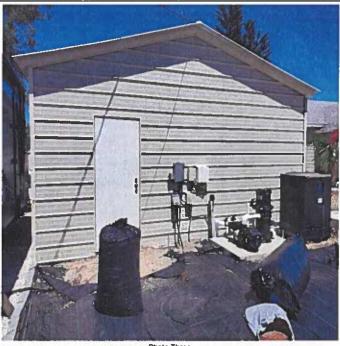


Photo Three

Photo Three Caption REAR VIEW, 3/16/2023

Clear Photo Three

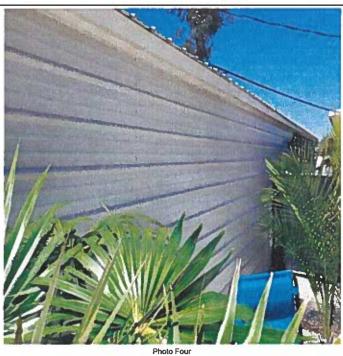


Photo Four Caption RIGHT SIDE, 3/16/2023

Clear Photo Four