ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

-		- · · · - ·							(-) .			
Con	aanen lle v	of this Fl	ovation (Cortificato and	all attachma	nte for (1) community	/ official	(2) insurance	agent/company	and (3)) building owner.
υup			Cvauon		a an allacinne		/ community	oniciai,	(2) 113010100	agonycompany		building owner.

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 JOAN F KASSAY						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number: 527 BAYSHORE DR Company NAIC Number:							AIC Number:
City OSPREY							
A3. Property Description (Lot a LOT 6, BLOCK 4, BAY ACRES				gal Description	n, etc.)		
A4. Building Use (e.g., Reside	ntial, Non-Residential,	Addition,	, Accessory, e	etc.) RESI	DENTIAL -	GUEST HOL	JSE
A5. Latitude/Longitude: Lat. 2	27.18786°	Long8	2.4897°	Horiz	ontal Datu	m: 🗌 NAD 1	927 🛛 NAD 1983
A6. Attach at least 2 photogra	phs of the building if the	e Certific	ate is being ι	ised to obtain	flood insu	rance.	
A7. Building Diagram Number	1B						
A8. For a building with a crawl	space or enclosure(s):						
a) Square footage of craw	/lspace or enclosure(s)			N/A sq ft			
b) Number of permanent f	lood openings in the cra	awlspace	e or enclosure	e(s) within 1.0	foot above	e adjacent gra	ade N/A
c) Total net area of flood o	penings in A8.b		N/A sq ir	I			
d) Engineered flood openi	ings? 🗌 Yes 🗴 N	١o					
A9. For a building with an attac	hed garage:						
a) Square footage of attac	a) Square footage of attached garage N/A sq ft						
b) Number of permanent f	lood openings in the at	tached g	arage within	1.0 foot above	e adjacent	grade N/A	
c) Total net area of flood c	penings in A9.b		N/A sq	in			
d) Engineered flood openi	ngs? 🗌 Yes 🕱 N	lo					
S	ECTION B – FLOOD I	INSURA	NCE RATE	MAP (FIRM)	INFORM	ATION	1
B1. NFIP Community Name & SARASOTA COUNTY - 12514	,		B2. County SARASOTA				B3. State Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)		Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12115C-0228 F	11-04-2016	11-04-2		AE	10'		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
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:							

ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November 30, 2022			
IMPORTANT: In these spaces, copy the	e corresponding information from	Section A.	FOR INS	URANCE COMPANY USE
Building Street Address (including Apt., U 527 BAYSHORE DR		Policy Number:		
City OSPREY		ZIP Code 34229	Company	/ NAIC Number
SECTION C -	- BUILDING ELEVATION INFORM	MATION (SURVEY R	REQUIRED))
C2. Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below acc Benchmark Utilized: <u>NGS E634</u> Indicate elevation datum used for th NGVD 1929 X NAVD	required when construction of the but AH, A (with BFE), VE, V1–V30, V (with ording to the building diagram specific <u>EL: 15.89'</u> Vertical Dat he elevations in items a) through h) but the second seco	h BFE), AR, AR/A, AF ied in Item A7. In Puer um: <u>NAVD1988</u> pelow.	R/AE, AR/A1	y, enter meters.
a). Tan af hattan flaan (including h	an a		Check 11.0 ×	the measurement used. √ feet □ meters
	asement, crawlspace, or enclosure fl	oor)		<pre> feet ☐ meters</pre>
b) Top of the next higher floor				
c) Bottom of the lowest horizontal	structural member (V Zones only)		<u>N/A</u> × N/A ×	✓ feet
d) Attached garage (top of slab)				< feet i meters
 e) Lowest elevation of machinery of (Describe type of equipment and the second s	or equipment servicing the building d location in Comments)		<u>N/A</u>	
f) Lowest adjacent (finished) grad	le next to building (LAG)		<u>8.7</u> ×	
g) Highest adjacent (finished) grad	de next to building (HAG)		9.5 ×	< feet inters
 h) Lowest adjacent grade at lowes structural support 	st elevation of deck or stairs, including	g	N/A ×	K feet 🗌 meters
SECTION D) – SURVEYOR, ENGINEER, OR /	ARCHITECT CERTI	FICATION	
This certification is to be signed and sea I certify that the information on this Cert statement may be punishable by fine or	tificate represents my best efforts to i	nterpret the data avail Section 1001.	by law to cer lable. I unde	tify elevation information. Arstand that any false
Were latitude and longitude in Section A	A provided by a licensed land survey	or? 🖄 Yes 🗌 No	Ch	eck here if attachments.
Certifier's Name B. GREGORY RIETH, PSM,CFM	License Number 5228			
Title VICE PRESIDENT				Place
Company Name BENNETT-PANFIL, INC.				Seal
Address 742 SHAMROCK BLVD				Here
City VENICE	State Florida	ZIP Code 34293		
Signature	Date 04-18-2023	Telephone (941) 497-1290	Ext.	
Copy all pages of this Elevation Certificate	e and all attachments for (1) communit	ty official, (2) insurance	e agent/comp	pany, and (3) building owner.
Comments (including type of equipment FILE #21-05-11. THE SUBJECT STRUC AT THIS TIME. SECTION A5 WAS DEF DATE OF FIELD SURVEY: 04/05/2023	CTURE IS UNDER CONSTRUCTION RIVED FROM A HAND HELD G.P.S.	N, NO VENTS OR MA		

OMB No.	1660-0	0008		
Expiration	Date:	November	30,	2022

ELEVATION CERTIFICATE	Expiration Date: November 30, 2022		
IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, 527 BAYSHORE DR	and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City OSPREY	State Florida	ZIP Code 34229	Company NAIC Number
		FORMATION (SURVEY NO ONE A (WITHOUT BFE)	OT REQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.	s E1–E5. If the Ce se natural grade, i	rtificate is intended to suppo f available. Check the measu	rt a LOMA or LOMR-F request, urement used. In Puerto Rico only,
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement,			ther the elevation is above or below
crawlspace, or enclosure) is		feet me	eters above or below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet 🗌 me	eters above or below the LAG.
E2. For Building Diagrams 6–9 with permanent floo	od openings provid	led in Section 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		feet me	eters above or below the HAG.
E3. Attached garage (top of slab) is		feet 🗌 me	eters above or below the HAG.
E4. Top of platform of machinery and/or equipmen servicing the building is	t	feet me	eters 🔲 above or 🗌 below the HAG.
E5. Zone AO only: If no flood depth number is avail floodplain management ordinance?			accordance with the community's st certify this information in Section G.
SECTION F – PROPERTY (NER'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized represen community-issued BFE) or Zone AO must sign here	itative who comple e. The statements	tes Sections A, B, and E for in Sections A, B, and E are	Zone A (without a FEMA-issued or correct to the best of my knowledge.
Property Owner or Owner's Authorized Representa	tive's Name		
Address		City	State ZIP Code
Signature		Date	Telephone
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 527 BAYSHORE DR	Policy Number:						
City OSPREY	State Florida	ZIP Code 34229		Company NAIC Number			
SECTIO	ON G – COMMUNI	TY INFORMATION (OPTIC	ONAL)				
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 tak engineer, or architect who is authoriz data in the Comments area below.)	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation						
G2. A community official completed Section or Zone AO.	ion 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 fo	or community floodplain ma	anageme	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 Improvem	nent				
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 log	cation, per C2(e), if	applicable)					
				Check here if attachments.			

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 527 BAYSHORE DR	Policy Number:		
City	State	ZIP Code	Company NAIC Number
OSPREY	Florida	34229	

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

FEMA Form 086-0-33 (12/19)

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt. 527 BAYSHORE DR	Policy Number:		
City OSPREY	State Florida	ZIP Code 34229	Company NAIC Number
OSFRET	Fiorida	54229	

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