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 Owner's Name					Policy Num	ber:
SHELLEY KIENZLE		-				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:					IAIC Number:	
359 CAPTAINS COURT			State		ZIP Code	<u> </u>
City						
NORTH PORT FLORIDA 34287 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) UNIT 359 HARBOR ISLES SECTION 3, 7737 - HARBOR ISLES III; SEC/TWP/RGE:35-39S-20E PARCEL ID# 0789013106						
A4. Building Use (e.g., Resident	tial, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL		10 to
A5. Latitude/Longitude: Lat. 27	° 02' 42.40 N	ong. 82	2" 16' 24.10 W	Horizontal Datur	n: NAD	1927 X NAD 1983
A6. Attach at least 2 photograph	ns of the building if the (Certific	ate is being used to	obtain flood insur	ance.	
A7. Building Diagram Number	5					
A8. For a building with a crawls	pace or enclosure(s):					
a) Square footage of crawls	space or enclosure(s)	N/A	sq ft			
b) Number of permanent flo	od openings in the crav	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade _{N/A}
c) Total net area of flood op	enings in A8.b _{N/A}	s	q in			
d) Engineered flood opening	gs? 🗌 Yes 🗵 No					
A9. For a building with an attach	ed garage:					
a) Square footage of attach	ed garage N/A		sq ft			
b) Number of permanent flo	od openings in the atta	ched g	parage within 1.0 foo	ot above adjacent	grade N/A	
c) Total net area of flood op	enings in A9.b _{N/A}		sq in			
d) Engineered flood opening	gs? ☐ Yes ☒ No)	•			
TO SECTION TO THE TENSION	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Name & Community Number B2. County Name B3. State				B3. State		
SARASOTA COUNTY UNINCORPORATED AREAS 125144				SARASOTA		FLORIDA
B4. Map/Panel B5. Suffix Number	B6. FIRM index Date	E1	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
12115C - 0370 F	11/4/2016		11/04/16	AE	7.00	FT
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, copy the corresponding information from Section A. FOR INSURANCE (
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number:					
359 CAPTAINS COURT					
	State ZIP Code				
NORTH PORT FLOR		***************************************			
SECTION C – BUILDING ELE	VATION INFORMAT	ION (SURVEY RE	EQUIRED)		
C1. Building elevations are based on: Construction	• _	ling Under Constru	ction* X Finished Construction		
*A new Elevation Certificate will be required when co		•			
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: NATIONAL GEODETIC SURVEY BENCHMARK HAVOLINE					
Indicate elevation datum used for the elevations in ite		٧.			
☐ NGVD 1929 💢 NAVD 1988 ☐ Other/S					
Datum used for building elevations must be the same	e as that used for the Bl	FE.	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspa	ace, or enclosure floor)	9. 07			
b) Top of the next higher floor		N/A	X feet meters		
c) Bottom of the lowest horizontal structural member	(V Zones only)	N/A			
d) Attached garage (top of slab)	•				
e) Lowest elevation of machinery or equipment serva (Describe type of equipment and location in Community)	cing the building nents)	8. 55	x feet meters		
f) Lowest adjacent (finished) grade next to building	(LAG)	5. 9	X feet meters		
g) Highest adjacent (finished) grade next to building	(HAG)	6. 1	X feet meters		
 h) Lowest adjacent grade at lowest elevation of decleastructural support 	or stairs, including	<u>6</u> , <u>1</u>	x feet meters		
SECTION D - SURVEYOR,	ENGINEER. OR ARC	HITECT CERTIFI	CATION		
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? X Yes No Check here if attachments.					
Certifier's Name	License Number		OSIBA		
CARLOS IBARRA					
Title					
PROFESSIONAL LAND SURVEYOR Company Name			NO. 6770		
STA					
JOHN IBARRA & ASSOCIATES, INC Address			10		
777 NW 72 AVE #3025			ONAL LAND ST		
City	State	ZIP Code	AL LAND		
MIAMI	FLORIDA	33126	LB#7806		
Signature	Date	Telephone	5/2/2023		
	5/2/2023	P: (305)262-0400	3,2,2020		
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) SECTION C2.E = AC UNIT PAD. CROWN OF ROAD ELEVATION = 4.88 FEET. THE BENEATH AREA OF THE TRAILER IS ENCLOSED WITH PANELS. OR BOTTOM OF MOBILE HOME HAS SKIRT WITH HOLES. LATITUDE AND LONGITUDE DONE BY USING A GPS UNIT. ALL ELEVATIONS SHOWN ARE REFERRED TO NORTH AMERICAN VERTICAL DATUM OF 1988. NATIONAL GEODETIC SURVEY, BENCHMARK PID: AG1867; DESIGNATION: HAVOLINE 2 AZ MK; ELEVATION IS 7.65 FEET OF N.A.V.D. OF 1988. CENTERLINE ROAD ELEVATION: 4.88					

ELEVATION CERTIFICATE

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MACOTANT I. W			[
IMPORTANT: In these spaces, copy the corresp			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite 359 CAPTAINS COURT	, and/or Bidg. No.) or	P.O. Route and Box No.	Policy Number:	
City	State	ZIP Code	Company NAIC Number	
NORTH PORT	FLORIDA	34287		
		RMATION (SURVEY NOT E A (WITHOUT BFE)	REQUIRED)	
For Zones AO and A (without BFE), complete Item complete Sections A, B, and C. For Items E1–E4, u enter meters.	is E1–E5. If the Certifi use natural grade, if a	cate is intended to support available. Check the measure	a LOMA or LOMR-F request, ement used. In Puerto Rico only,	
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 b) Top of bottom floor (including basement,		X feet mete	rs above or below the HAG.	
crawlspace, or enclosure) is	=======================================	x feet mete	rs above or below the LAG.	
E2. 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	l in Section A Items 8 and/o		
E3. Attached garage (top of slab) is	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	X feet mete	rs above or below the HAG.	
E4. Top of platform of machinery and/or equipmer servicing the building is	nt	x feet mete	rs ☐ above or ☐ below the HAG.	
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes		e bottom floor elevated in ac	_ _	
SECTION F - PROPERTY	OWNER (OR OWNE	R'S REPRESENTATIVE) C	ERTIFICATION	
The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign her	ntative who completes re. The statements in :	s Sections A, B, and E for Zo Sections A, B, and E are co	one A (without a FEMA-issued or rect to the best of my knowledge.	
Property Owner or Owner's Authorized Representative's Name				
Address	C	City St	ate ZIP Code	
Signature	С	Date Te	elephone	
Comments				
			Check here if attachments.	

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Su	Route and Box No.	Policy Number:		
359 CAPTAINS COURT				
City State ZIP Code			Company NAIC Number	
NORTH PORT	FLORIDA	34287		
***************************************	N G - COMMUNITY INFORM	IATION (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 Z	one A (without a FEM)	A-issued or community-issued BFE)	
G3. The following information (Items G4-	G10) is provided for communit	y floodplain managem	ent purposes.	
G4. Permit Number	G5. Date Permit Issued		Date Certificate of compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction Substa	antial Improvement		
G8. Elevation of as-built lowest floor (including of the building:	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	Telep	hone		
Signature	Date			
Comments (including type of equipment and loc	ation, per C2(e), if applicable)		Check here if attachments	
			Check here it attachments	

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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FLORIDA

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		
ZIP Code	Company NAIC Number	

34287

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.





Front View

Rear View

Front View Date: 04/25/2023

ELEVATION CERTIFICATE

NORTH PORT

Rear View Date: 04/25/2023







Left Side View

Right Side View: 04/25/2023

Left Side View: 04/25/2023

BUILDING PHOTOGRAPHS

Continuation Page

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MPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., U	Policy Number:		
359 CAPTAINS COURT			
City	State	ZIP Code	Company NAIC Number
NORTH PORT	FLORIDA	34287	
If submitting more photographs than wi with: date taken; "Front View" and "Fphotographs must show the foundation w	Rear View", and, if require	ed, "Right Side View" and "	Left Side View." When applicable.
Photo One			Photo Two
		<u> </u>	
			29
Photo Three			Photo Four

ELEVATION CERTIFICATE