U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGE Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance	
SECTION A PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: LOCK UP NOKOMIS, LLC	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 845 N. TAMIAMI TRAIL	Company NAIC Number:
City: NOKOMIS State: FLORIDA	ZIP Code: 34275
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nun NORTHWESTERLY 566.75 FT OF LOT 9, NOKOMIS OAKS, PID #0170070058	nber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): COMMERCIAL	
A5. Latitude/Longitude: Lat. 27.13517° Long82.45669° Horizontal Datum:	AD 1927 🔲 NAD 1983 🗌 WGS 84
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	
A7. Building Diagram Number: 1B	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	🗌 Yes 🗌 No 🔳 N/A
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings:N/AEngineered flood openings:N/A	above adjacent grade:
d) Total net open area of non-engineered flood openings in A8.c:N/A sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instruction	ons): N/A sq. ft.
f) Sum of A8.d and A8 e rated area (if applicable – see Instructions): N/A sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage?	Yes 🗋 No 🔳 N/A
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adja Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>	acent grade:
d) Total net open area of non-engineered flood openings in A9.c:N/A sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instruction	ons): N/A_ sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.	
SECTION B = FLOOD INSURANCE RATE MAP ((FIRM) INFOR	MATION
B1.a. NFIP Community Name: SARASOTA COUNTY B1.b. NFIP Community Ider	ntification Number: 125144
B2. County Name: SARASOTA B3. State: FL B4. Map/Panel No.:	12115C/0239 B5. Suffix: F
B6. FIRM Index Date: 11/4/2016 B7. FIRM Panel Effective/Revised Date: 11/4/201	6
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	ase Flood Depth): <u>10</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:	
B11. Indicate elevation datum used for BFE in Item B9: INGVD 1929 INAVD 1988 I Other	Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation Date: N/A	ected Area (OPA)? 🔲 Yes 🔳 No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

FEMA Form FF-206-FY-22-152 (formerly 086-0-33) (10/22)

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS (
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box 845 N. TAMIAMI TRAIL					OMPANY U	<u> </u>
City: NOKOMIS State: FLORIDA ZIP Code: 34275	Policy Number: Company NAIC Number:					
SECTION C-BUILDING ELEVATION INFORMATION (SURVEY RI	EQUIRE	D)			
C1. Building elevations are based on: Construction Drawings* Building Under *A new Elevation Certificate will be required when construction of the building is com		n* 🔳 Fi	inished	Cons	truction	
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), A99. Complete Items C2.a–h below according to the Building Diagram specified in It Benchmark Utilized: NGS BM J-634, ELEV.=10.58' Vertical Datum: NJ.4	em A7. In Pu),
Indicate elevation datum used for the elevations in items a) through h) below.		<u> </u>				
Datum used for building elevations must be the same as that used for the BFE. Conversion If Yes, describe the source of the conversion factor in the Section D Comments area.	on factor used			🔳 N a mea	No Isurement u	ised:
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	11	.1		_	meters	
b) Top of the next higher floor (see Instructions):	N		feet		meters	
c) Bottom of the lowest horizontal structural member (see Instructions):	N	<u>//A</u>	feet	🗌 r	meters	
d) Attached garage (top of slab):	N		feet		meters	
 e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 	11	.1	feet	· []	meters	
f) Lowest Adjacent Grade (LAG) next to building: 🔲 Natural 🔳 Finished	10).9 🔳	feet		meters	
g) Highest Adjacent Grade (HAG) next to building: 🔲 Natural 🔳 Finished	11	.3 🔳	feet	י 🗋	meters	
 Finished LAG at lowest elevation of attached deck or stairs, including structural support: 	N		feet	י 🗆	meters	
SECTION D-SURVEYOR, ENGINEER, OR ARCHITE	CT CERTIF	CATIO	ý 🥇	111 Mary 111 Mary 111	677 6 5	in dia second
This certification is to be signed and sealed by a land surveyor, engineer, or architect autilinformation. I certify that the information on this Certificate represents my best efforts to in false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section	nterpret the da					זע
Were latitude and longitude in Section A provided by a licensed land surveyor?	🗌 No					
Check here if attachments and describe in the Comments area.	_	-	1			
Certifier's Name: JUSTIN D. GARNER License Number: 6896		\square	A	Ŧ	$\overline{}$	
Title: PROFESSIONAL SURVEYOR AND MAPPER				1	1	
Company Name: FLORIDA ENGINEERING AND SURVEYING, LLC			14AL			
Address: 631 N. TAMIAMI TRAIL			15	Ţ		
City: NOKOMIS State: FL ZIP Code: 34 Signature: Date: 12	2 2024		LS #	-68) A6	
Telephone: 941-485-3100	COM		Place	e Seal	Hère	
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) i	insurance age	nt/compa	ny, and	l (3) bi	uilding owne	эг.
Comments (including source of conversion factor in C2; type of equipment and location pe	er C2.e; and o	descriptio	n of an	y atta	chments):	
C20 IS THE ELECTRICAL PANEL SWITCH BOX LOCATED INSIDE THE BUILDING IN THE MECH/ ATITIUDE AND LONGITUDE TAKEN WITH HAND HELD GPS DEVICE.	ANICAL ROOM	1.				

ELEVATION CERTIFICATE

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		ELEVATION CE			_		S 9-19	
Building Street Address (inclu 845 N. TAMIAMI TRAIL	uding Apt., Unit, Suite, a	nd/or Bldg. No.) or P.O	. Route	and B	Sox N	0.:		NCE COMPANY USE
City: NOKOMIS		State: FLORIDA ZIP	Code:	3427	75		Policy Number	
SECTIO	DN E - BUILDING M FOR ZONE AC	EASUREMENT INF , ZONE AR/AO, AN						<u>ED)</u>
For Zones AO, AR/AO, and intended to support a Letter enter meters.								
Building measurements are *A new Elevation Certificate						onstructio	on* 🗌 Finished	I Construction
E1. Provide measurements measurement is above			e followi	ing ar	nd ch	eck the a	ppropriate boxes	s to show whether the
a) Top of bottom floor crawlspace, or enclo			_ 🗆	feet		meters	above or	. below the HAG.
 b) Top of bottom floor crawlspace, or enclosed 			_ 🗆	feet		meters	above or	below the LAG.
E2. For Building Diagrams next higher floor (C2.b Building Diagram) of the	in applicable	od openings provided	in Secti	on A		s 8 and/oi meters	r 9 (see pages 1-	-2 of Instructions), the
E3. Attached garage (top o	•			feet		meters	above or	below the HAG.
E4. Top of platform of macl servicing the building is		t		feet		meters	above or	below the HAG.
E5. Zone AO only: If no floo floodplain management								e community's formation in Section G.
SECTION F-P	ROPERTYOWNER	(OR OWNER'S AU	rhori	ZED	RÉP	RESEN	TATIVE) CERI	TIFICATION
The property owner or owner sign here. The statements in						d E for Zo	one A (without B	FE) or Zone AO must
Check here if attachmer	nts and describe in the	Comments area.						
Property Owner or Owner's	Authorized Representa	tive Name:					·····	
Address:								
City:	<u> </u>		<u>.</u>		_ Sta	ite:	ZIP Code:	
Signature:			Dat	e:				
Telephone:	Ext.:							
Comments:	· · ·							

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ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, S	uite, and/or Bldg. No.) or P	.O. Route and Box N	No.:	FOR INS	URANCE COMPANY USE	
845 N. TAMIAMI TRAIL City: NOKOMIS State: FLORIDA ZIP Code: 34275		Policy Number:				
	Company NAIC I					
SECTION G - COMMUNITY INFO	DRMATION (RECOMM	ENDED FOR CO	MMUNI	TY OFFICIA	L COMPLETION)	
The local official who is authorized by law or Section A, B, C, E, G, or H of this Elevation C					rdinance can complete	
G1. The information in Section C was engineer, or architect who is auth elevation data in the Comments a	orized by state law to cert					
G2.a. A local official completed Section E5 is completed for a building loc		I Zone A (without a	BFE), Zo	one AO, or Zo	ne AR/AO, or when item	
G2.b. A local official completed Section	H for insurance purposes	.				
G3. In the Comments area of Section	G, the local official descri	bes specific correct	tions to th	ne information	n in Sections A, B, E and H.	
G4. The following information (Items (G5–G11) is provided for c	ommunity floodplair	n manage	ement purpos	es.	
G5. Permit Number:	G6. Date Perm	nit Issued:				
G7. Date Certificate of Compliance/Occup	ancy Issued:					
G8. This permit has been issued for:	New Construction	ubstantial Improven	nent			
G9.a. Elevation of as-built lowest floor (inclu building:	iding basement) of the		_ feet	meters	Datum:	
G9.b. Elevation of bottom of as-built lowest member:	horizontal structural	[feet	meters	Datum:	
G10.a. BFE (or depth in Zone AO) of flooding	at the building site:	[] feet	meters	Datum:	
G10.b. Community's minimum elevation (or or requirement for the lowest floor or low member:		г	T feet	meters	Datum:	
	If yes, attach document					
The local official who provides information in correct to the best of my knowledge. If applic	Section G must sign here	. I have completed	the infor	mation in Sec	tion G and certify that it is	
Local Official's Name:		Title:				
NFIP Community Name:						
Address:						
City:				ZIP C	ode:	
Signature:		Date:				
Comments (including type of equipment and Sections A, B, D, E, or H):	location, per C2.e; descri	ption of any attachn	nents; an	d corrections	to specific information in	

	IMPORTANT: N	NUST FOLLOW TH	E INSTRUCTION	NS ON PA	GES 9-19	
Building Street Address (including 845 N. TAMIAMI TRAIL	J Apt., Unit, Suite,	and/or Bldg. No.) or	P.O. Route and E	Box No.:	FOR IN	SURANCE COMPANY USE
City: NOKOMIS		State: FLORIDA	ZIP Code: 342	75		umber: y NAIC Number:
		'S FIRST FLOOR REQUIRED) (FOF				ZONES
The property owner, owner's aut to determine the building's first fi nearest tenth of a foot (nearest t Instructions) and the appropria	loor height for instend to fail the second sec	urance purposes. S n Puerto Rico). Ref e	ections A, B, and erence the Foun	i I must als <i>dation Ty</i> i	so be complet pe Diagrams	ed. Enter heights to the <i>(at the end of Section H</i>
H1. Provide the height of the to	p of the floor (as i	indicated in Founda	tion Type Diagra	ms) above	the Lowest A	djacent Grade (LAG):
a) For Building Diagrams floor (include above-grade f subgrade crawlspaces or er	floors only for build	dings with		_ 🗌 feet	meters	above the LAG
b) For Building Diagrams higher floor (i.e., the floor at enclosure floor) is:				_ 🗌 feet	meters	above the LAG
H2. Is all Machinery and Equipr H2 arrow (shown in the Fou Yes No						
SECTION I-PROF	PERTY OWNER	(OR OWNER'S	AUTHORIZED	REPRES	ENTATIVE)	CERTIFICATION
The property owner or owner's a A, B, and H are correct to the be indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address:	est of my knowled ection G. re provided (includ	lge. Note: If the loca	al floodplain man	agement o each attach	fficial complet	ed Section H, they should comments area.
				State:	ZIP	Code:
o.y						
Signature:			Date:			
Telephone:	Ext.:	Email:				
Comments:						

ELEVATION CERTIFICATE

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ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including A	FOR INSURANCE COMPANY USE	
845 N. TAMIAMI TRAIL		Policy Number:
City: NOKOMIS	State: FLORIDA ZIP Code: 34275	Company NAIC Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

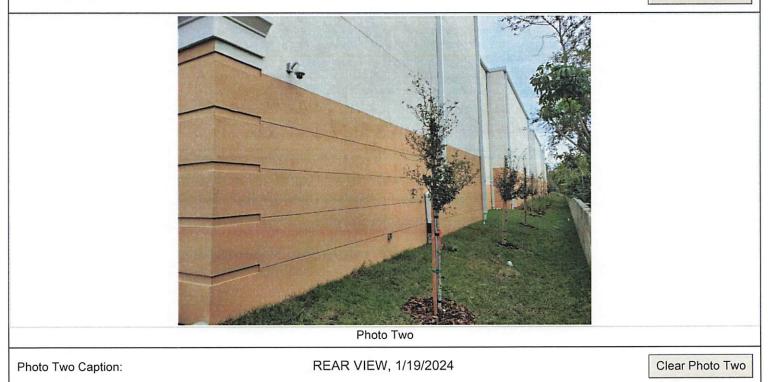


Photo One

Photo One Caption:

FRONT VIEW, 1/19/2024

Clear Photo One



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ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

Continuation Page

The second s	., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
845 N. TAMIAMI TRAIL City: NOKOMIS	State: FLORIDA ZIP Code: 34275	Policy Number: Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three Caption:

Photo Three

LEFT SIDE, 1/19/2024

Clear Photo Three



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