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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
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: Joann L. & Brian G. Donahue	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 650 El Tango	Company NAIC Number:	
City: North Port State: FL	ZIP Code: 34287	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nur Lot 324, La Casa Mobile Home Park, Sarasota County, Florida PID# 0791061324	nber:	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential		
A5. Latitude/Longitude: Lat. 27°02'10.90"N Long. 82°15'60.00"W Horiz. Datum:	NAD 1927 NAD 1983 WGS 84	
A6. Attach at least two and when possible four clear color photographs (one for each side) of the b	uilding (see Form pages 7 and 8).	
A7. Building Diagram Number:5		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.	the same and the same of	
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/A Engineered flood openings: N/A		
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 adj Non-engineered flood openings: N/A Engineered flood openings: N/A		
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) INFO	RMATION	
B1.a. NFIP Community Name: Sarasota County B1.b. NFIP Cor	nmunity Identification Number: 125144	
B2. County Name: Sarasota B3. State: FL B4. Map/Panel No.:	12115C-0370 B5. Suffix: G	
B6. FIRM Index Date: 03/27/2024 B7. FIRM Panel Effective/Revised Date: 03/27/20	024	
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use	Base Flood Depth): 9 Feet	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:		
B11. Indicate elevation datum used for BFE in Item B9:	er/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Pro	otected Area (OPA)? Yes No	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No No	

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Building Street Address (including Apt., Unit, Suite,	, and/or Bldg. No.) or P.O. Route an	d Box No.:	FOR	INSURA	NCE COMPANY USE	
650 El Tango City: North Port State: FL ZIP Code: 34287		Policy Number:				
			Company NAIC Number:			
SECTION C - BUILD	DING ELEVATION INFORMAT	ION (SURVEY I	REQU	IRED)		
C1. Building elevations are based on: Con- *A new Elevation Certificate will be required			on* 🛭	Finishe	ed Construction	
C2. Elevations – Zones A1–A30, AE, AH, AO, A A99. Complete Items C2.a–h below according Benchmark Utilized: <u>Havoline 2</u>	ng to the Building Diagram specifie	BFE), AR, AR/A, And in Item A7. In Pin N.A.V.D. 88.	AR/AE, uerto F	AR/A1–A	A30, AR/AH, AR/AO, enter meters.	
Indicate elevation datum used for the elevations ☐ NGVD 1929 ☐ NAVD 1988 ☐ Othe		<u></u>				
Datum used for building elevations must be the s If Yes, describe the source of the conversion fact	same as that used for the BFE. Cortor in the Section D Comments are	nversion factor use a.	ed?	☐ Yes	No No he measurement used	
a) Top of bottom floor (including basement,	crawlspace, or enclosure floor):	<u></u>	10.3	☐ feet		
b) Top of the next higher floor (see Instruction	ons):		N/A	feet	meters	
c) Bottom of the lowest horizontal structural	member (see Instructions):		N/A	☐ feet	meters	
d) Attached garage (top of slab):			N/A	☐ feet	meters	
 e) Lowest elevation of Machinery and Equip (describe type of M&E and location in Sec 			10.4		meters	
f) Lowest Adjacent Grade (LAG) next to but	ilding: Natural X Finished	П	6.7	∫ feet	meters	
g) Highest Adjacent Grade (HAG) next to bu	uilding: Natural X Finished		7.2		meters	
 h) Finished LAG at lowest elevation of attac support: 	hed deck or stairs, including struct	ural	7.2	⊠ feet	meters	
SECTION D - SUR	VEYOR, ENGINEER, OR ARC	HITECT CERTI	FICAT	ION	CHE RELIES VENE	
This certification is to be signed and sealed by a information. I certify that the information on this C false statement may be punishable by fine or imp	Certificate represents my best effort	ts to interpret the d	tate la data av	w to certit vailable. I	fy elevation understand that any	
Were latitude and longitude in Section A provided	d by a licensed land surveyor?	Yes No				
Check here if attachments and describe in the	Comments area.					
Certifier's Name: Robert J Breedlove	License Number: LS	7040		11111	ministr.	
Title: Professional Surveyor and Mapper				SERTU	BREED	
Certifier's Name: Robert J Breedlove License Number: LS 7040 Title: Professional Surveyor and Mapper Company Name: VanBuskirk & Fish Surveying and Mapping Inc. Address: 12450 Tamiami Trail City: North Port State: FL ZIP Code: 34287 Telephone: (941) 426-9681 Ext Email: Landsurveyor@vbfainc.com						
Address: 12450 Tamiami Trail						
City: North Port	State: FL ZIP Cod	le: <u>34287</u>	1	O FL	ORIDA	
Telephone: (941) 426-9681) Ext	Email: Landsurveyor@vbfair	nc.com	- '	Indianal Su	rveyor and reserve	
Signature:	Date: (07/14/2025			ce Seal Here	
Copy all pages of this Elevation Certificate and all at	ttachments for (1) community official	, (2) insurance age	nt/com	ipany, and	(3) building owner.	
Comments (including source of conversion factor The coordinates listed in Item A5.) were gath item C2 e.) is for the A/C Unit located at the	in C2; type of equipment and loca nered using a hand-held GPS o	tion per C2.e; and	l descr	ription of a	any attachments):	

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite	and/or Bldg. No.) or F	O. Route and	Box No).:	FOR INSURA	NCE COMPANY USE	
650 El Tango					Policy Number:		
City: North Port	State: FL	ZIP Code: 342	287		Company NAIC Number:		
SECTION E – BUILDING FOR ZONE	MEASUREMENT I AO, ZONE AR/AO,					D)	
For Zones AO, AR/AO, and A (without BFE), co intended to support a Letter of Map Change requenter meters.							
Building measurements are based on: Cor*A new Elevation Certificate will be required when		_		onstruction	n* Finished	d Construction	
E1. Provide measurements (C.2.a in applicable measurement is above or below the natural		the following a	nd che	eck the ap	propriate boxes	to show whether the	
 a) Top of bottom floor (including basement crawlspace, or enclosure) is: 		fee	t 🔲	meters	above or	below the HAG.	
 b) Top of bottom floor (including basement crawlspace, or enclosure) is: 		[fee	t 🗆	meters	above or	below the LAG.	
E2. For Building Diagrams 6–9 with permanent next higher floor (C2.b in applicable	flood openings provid		. —			18 1	
Building Diagram) of the building is:	4 3 5			meters	above or	below the HAG.	
E3. Attached garage (top of slab) is:		[_] fee		Heleis	☐ above or	below the ring.	
E4. Top of platform of machinery and/or equipm servicing the building is:	nent		et 🔲	meters	above or	below the HAG.	
E5. Zone AO only: If no flood depth number is a floodplain management ordinance?						ne community's ormation in Section G.	
SECTION F - PROPERTY OWNE	R (OR OWNER'S	UTHORIZE	REP	RESEN	TATIVE) CERT	TIFICATION	
The property owner or owner's authorized represign here. The statements in Sections A, B, and					one A (without B	FE) or Zone AO must	
Check here if attachments and describe in t		est of fifty knot	vicuyo				
Property Owner or Owner's Authorized Represe							
Address:							
City:			Sta	ate:	ZIP Code	- Rojello Jalio	
Telephone: Ext.:	Email:						
Signature:		Date:			- 12		
Comments:							
540 - 401							
4							

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUC	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 650 El Tango	FOR INSURANCE COMPANY USE
City: North Port State: FL ZIP Code: 34287	Policy Number: Company NAIC Number:
SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMME	INITY OFFICIAL COMPLETION)
The local official who is authorized by law or ordinance to administer the community's floodplair Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and significant complete the appl	management ordinance can complete in below when:
G1. The information in Section C was taken from other documentation that has been significantly engineer, or architect who is authorized by state law to certify elevation information elevation data in the Comments area below.)	ned and sealed by a licensed surveyor, (Indicate the source and date of the
G2.a. A local official completed Section E for a building located in Zone A (without a BFE) E5 is completed for a building located in Zone AO.	, Zone AO, or Zone AR/AO, or when item
G2.b. A local official completed Section H for insurance purposes.	
G3.	to the information in Sections A, B, E and H.
G4.	nagement purposes.
G5. Permit Number: G6. Date Permit Issued:	
G7. Date Certificate of Compliance/Occupancy Issued:	
G8. This permit has been issued for: New Construction Substantial Improvement	
G9.a. Elevation of as-built lowest floor (including basement) of the building:	et meters Datum:
G9.b. Elevation of bottom of as-built lowest horizontal structural member:	et meters Datum:
G10.a. BFE (or depth in Zone AO) of flooding at the building site:	et meters Datum:
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:	et meters Datum:
G11. Variance issued? Yes No If yes, attach documentation and describe in the	Comments area.
The local official who provides information in Section G must sign here. I have completed the in correct to the best of my knowledge. If applicable, I have also provided specific corrections in the	formation in Section G and certify that it is ne Comments area of this section.
Local Official's Name: Martin Orran Title: F7	and Roviewer
NFIP Community Name:	
Telephone: Ext.: Email:	
Address:	
City: State:	ZIP Code:
Signature: Date:	12025
Comments (including type of equipment and location, per C2.e; description of any attachments; Sections A, B, D, E, or H):	and corrections to specific information in

ELEVATION CERTIFICATE

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Distribution Of the Addition of the							
Building Street Address (inclui	ding Apt., Unit, Suite,	and/or Bldg. No.) or P.O. Ro	ute and Box No.:	FOR IN	SURANCE COMPANY USE	
City: North Port		State: FL	ZIP Co	de: 34287	Policy Number: Company NAIC Number:		
					Compan	y NAIC Number:	
SECTION	ON H – BUILDING (SURVEY NOT I			IT INFORMATIO		ZONES	
The property owner, owner's to determine the building's finearest tenth of a foot (neare Instructions) and the appropriate the second s	rst floor height for ins est tenth of a meter in	surance purpose n Puerto Rico).	es. Sections Reference	A, B, and I must al the Foundation Ty	so be complet pe Diagrams	ed. Enter heights to the (at the end of Section H	
H1. Provide the height of the	e top of the floor (as i	indicated in Fou	ndation Typ	e Diagrams) above	the Lowest A	djacent Grade (LAG):	
 a) For Building Diagra floor (include above-gra crawispaces or enclosur 	de floors only for buil		om	[feet	meters	above the LAG	
 b) For Building Diagra higher floor (i.e., the floor enclosure floor) is: 				feet	meters	above the LAG	
H2. Is all Machinery and Eq H2 arrow (shown in the Yes No							
SECTION I - PR	ROPERTY OWNER	R (OR OWNER	R'S AUTHO	RIZED REPRES	ENTATIVE)	CERTIFICATION	
The property owner or owne A, B, and H are correct to the indicate in Item G2.b and significant in Item	e best of my knowled gn Section G. ts are provided (inclu	dge. Note: If the	local flood	olain management	official comple	ted Section H, they should	
		_					
Address:							
Address:				State:	ZIP	Code:	
Address: City: Telephone:	Ext.:	Email:		State:	WV	Code:	
City:	Ext.:	Email:		- Y	WV	Code:	
City:	Ext.:	Email:	COTIC IN		WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	
City: Telephone: Signature:	Ext.:	Email:			WV	Code:	

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including /	FOR INSURANCE COMPANY US	
650 El Tango City: North Port	State: FL ZIP Code: 34287	Policy Number: 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 7/11/25

Clear Photo One



Photo Two

Photo Two Caption: Rear View 7/11/25

Clear Photo Two

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Uni	FOR INSURANCE COMPANY USE			
650 El Tango City: North Port	State:	FL	ZIP Code: 34287	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.

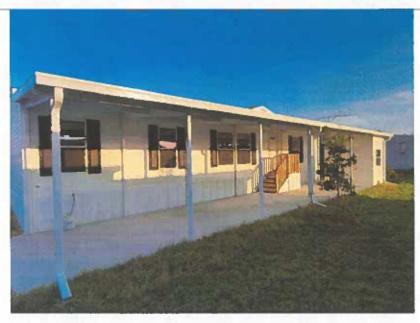


Photo Three

Photo Three Caption: Right Side View 7/11/25

Clear Photo Three



Photo Four

Photo Four Caption: Left Side View 7/11/25

Clear Photo Four

