

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

OMB Control No. 1660-0008
Expiration Date: 08/30/2026

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: <u>KH PALMER BLVD, LLC</u>		Policy Number: _____	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>4563 CEDRON COURT</u>		Company NAIC Number: _____	
City: <u>SARASOTA</u> State: <u>FL</u> ZIP Code: <u>34240</u>			
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 463, ARTISTRY, PHASE 3B, PLAT BOOK 57, PAGE 242, PID #0231160463</u>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>			
A5. Latitude/Longitude: Lat. <u>27°19'17.01" N</u> Long. <u>82°23'10.74" W</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84			
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).			
A7. Building Diagram Number: <u>1A</u>			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft.			
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>			
d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.			
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.			
A9. For a building with an attached garage:			
a) Square footage of attached garage: <u>705</u> sq. ft.			
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>			
d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.			
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.			
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1.a. NFIP Community Name: <u>SARASOTA COUNTY</u>		B1.b. NFIP Community Identification Number: <u>125144</u>	
B2. County Name: <u>SARASOTA</u>	B3. State: <u>FL</u>	B4. Map/Panel No.: <u>12115C0159</u>	B5. Suffix: <u>G</u>
B6. FIRM Index Date: <u>03/27/2024</u>		B7. FIRM Panel Effective/Revised Date: <u>03/27/2024</u>	
B8. Flood Zone(s): <u>X / AE</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>NA / 26.9</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LIMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

4563 CEDRON COURT

City: SARASOTA

State: FL

ZIP Code: 34240

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, AO, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO, A99. Complete items C2.a-h below according to the Building Diagram specified in item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: V 693

Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other:

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

☐ Yes ☒ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | |
|---|------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | 29.8 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see instructions): | N/A | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see instructions): | N/A | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | 29.2 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> 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): | 29.1 | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | 29.0 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | 29.3 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | N/A | <input type="checkbox"/> feet <input type="checkbox"/> meters |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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? ☒ Yes ☐ No

☐ Check here if attachments and describe in the Comments area.

Certifier's Name: MICHAEL P. ALLEN

License Number: PSM 6822

Title: OWNER

Company Name: BRIGHAM/ALLEN LAND SURVEYING, LLC

Address: 303 S. TAMiami TRAIL, SUITE E

City: NOKOMIS

State: FL

ZIP Code: 34275

Telephone: (941) 593-4430

Ext.:

Email: BrighamAllenSurveying@gmail.com

Signature:

Date: 06/16/2025

Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

A5 SOURCE OF LAT/LONG IS HAND HELD GPS USING A CONVERSION APP (GPS TEST)

C2 BENCHMARK V 693 HAS A PUBLISHED ELEVATION OF 31.71 NAVD88.

C2(e) AC UNIT LOCATED ON THE LEFT SIDE OF HOUSE (WEST SIDE).

ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4563 CEDRON COURT		FOR INSURANCE COMPANY USE	
City: SARASOTA State: FL ZIP Code: 34240		Policy Number: _____	
		Company NAIC Number: _____	
SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)			
<small>For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.</small>			
Building measurements are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction			
*A new Elevation Certificate will be required when construction of the building is complete.			
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.			
a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.			
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C.2.b in applicable Building Diagram) of the building is: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E3. Attached garage (top of slab) is: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown The local official must certify this information in Section G.			
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION			
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. <i>The statements in Sections A, B, and E are correct to the best of my knowledge</i>			
<input type="checkbox"/> Check here if attachments and describe in the Comments area.			
Property Owner or Owner's Authorized Representative Name: _____			
Address: _____			
City: _____ State: _____ ZIP Code: _____			
Telephone: _____ Ext.: _____ Email: _____			
Signature: _____ Date: _____			
Comments:			

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

Form Page 5 of 8

ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4563 CEDRON COURT	FOR INSURANCE COMPANY USE
City: <u>SARASOTA</u> State: <u>FL</u> ZIP Code: <u>34240</u>	Policy Number: _____ Company NAIC Number: _____
SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)	
<p>The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). <i>Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.</i></p> <p>H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):</p> <p>a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:</p> <p>b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above the LAG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:</p> <p>H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 Instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H Instructions) for the appropriate Building Diagram?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION	
<p>The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. <i>The statements in Sections A, B, and H are correct to the best of my knowledge. Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.</i></p> <p><input type="checkbox"/> Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.</p> <p>Property Owner or Owner's Authorized Representative Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Telephone: _____ Ext.: _____ Email: _____</p> <p>Signature: _____ Date: _____</p> <p>Comments:</p>	

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

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
4563 CEDRON COURT

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: **SARASOTA** State: **FL** ZIP Code: **34240**

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 (SOUTH SIDE) 06/13/2025**

Clear Photo One



Photo Two

Photo Two Caption: **FRONT (SOUTH SIDE) 06/13/2025**

Clear Photo Two

ELEVATION CERTIFICATE

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

BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
4563 CEDRON COURT

City: SARASOTA State: FL ZIP Code: 34240

FOR INSURANCE COMPANY USE

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: REAR (NORTH SIDE) 06/13/2025

Clear Photo Three



Photo Four

Photo Four Caption: REAR (NORTH SIDE) 06/13/2025

Clear Photo Four