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

OMB No. 1660-0008 Expiration Date: November 30, 2018

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 MCNEAL & WHITE CONTRACTOS INC 16-76394 Policy Number:						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5511 CALLE DEL VERANO Company NAIC Number:						
City SARASOTA			State Florida		ZIP Code 34242	
A3. Property Description (PARCEL ID- 0082140021	Lot and Block Numbers, Ta NOT FOR CONSTR					
A4. Building Use (e.g., Re	sidential, Non-Residential,	Additio	n, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: L			82°33'19.9"	Horizontal Datum	: NAD	1927 × NAD 1983
A6. Attach at least 2 photo	ographs of the building if the	- Certifi	cate is being used t	-	_	
A7. Building Diagram Num			_			
A8. For a building with a c	rawlspace or enclosure(s):					
a) Square footage of o	crawispace or enclosure(s)		N/A sq ft			
b) Number of permane	ent flood openings in the cra	awispad	ce or enclosure(s) w	vithin 1.0 foot above	adjacent gr	ade N/A
c) Total net area of flo		_	sq in			-
d) Engineered flood op	penings? Tyes X N	0				
A9. For a building with an a	attached garage:					
		ı	og 6			
a) Square footage of a			sq ft		_	
	ent flood openings in the att			ot above adjacent g	ade	5
c) Total net area of floo		08	_ sq in			
d) Engineered flood op	oenings? 🗌 Yes 🗵 N	lo				
· · · · · · · · · · · · · · · · · · ·	SECTION B - FLOOD II	NSUR#	NCE RATE MAP	(FIRM) INFORMAT	TON	
B1. NFIP Community Name SARASOTA 125144	& Community Number		B2. County Name SARASOTA	,		B3. State Florida
B4. Map/Panel B5. Su Number	ffix B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base
125144-0143 E	09/03/1992		/1992	AE	10'	od Depth)
B10. Indicate the source of ☐ FIS Profile ☒ FIR	the Base Flood Elevation (epth entered in Item	39:	
B11. Indicate elevation datu	ım used for BFE in Item B9	: 🗵 N	- GVD 1929 □ NA	VD 1988 📋 Othe	er/Source:	
B12. Is the building located	in a Coastal Barrier Resou	rces Si	retem (CRPS) area	or Otherwise Broton	tod Aron (C	NDAN2 TO Ven TV No
Designation Date:	<u> </u>		_	Of Otherwise Protect	ieu Alea (C	PA) r res NO
Dosignation Date.		ONG	☐ OPA			72/

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresp	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite 5511 CALLE DEL VERANO	Policy Number:					
City SARASOTA	State Florida	ZIP Code 34242	Company NAIC Number			
SECTION C - BUILDI	NG ELEVATION INFO	RMATION (SURVEY RE	EQUIRED)			
C1. Building elevations are based on: Cor *A new Elevation Certificate will be required.		Building Under Construe building is complete.	uction* Finished Construction			
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: 82 - C Vertical Datum: NGVD 1929						
Indicate elevation datum used for the elevation NGVD 1929 NAVD 1988	Other/Source:					
Datum used for building elevations must be t	he same as that used fo	r the BFE.	Check the measurement used.			
a) Top of bottom floor (including basement,	crawlspace, or enclosur	-				
b) Top of the next higher floor		<u>N/A</u> .	x feet meters			
c) Bottom of the lowest horizontal structural	member (V Zones only)		X feet meters			
d) Attached garage (top of slab)		N/A	X feet meters			
 e) Lowest elevation of machinery or equipment (Describe type of equipment and location) 	ent servicing the building in Comments)	g <u>N/A</u>	X feet meters			
f) Lowest adjacent (finished) grade next to b	ouilding (LAG)	<u>4</u> , <u>2</u>	X feet _ meters			
g) Highest adjacent (finished) grade next to	building (HAG)	<u> 4</u> . <u>7 </u>	X feet meters			
 h) Lowest adjacent grade at lowest elevatior structural support 	า of deck or stairs, includ	ding N/A.	X feet meters			
SECTION D - SURV	EYOR, ENGINEER, O	R ARCHITECT CERTIFIC	CATION			
This certification is to be signed and sealed by a land the information on this Certificate representation and the statement may be punishable by fine or imprisonment.	resents my best efforts t	to interpret the data availal	law to certify elevation information. ble. I understand that any false			
Were latitude and longitude in Section A provided			Check here if attachments.			
Certifier's Name	License Numbe	ər				
LELAND F. DySARD	3859		1			
Title P.L.S.			1 200 / V			
Company Name			Plage V\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
FLA SURVEYS CORP.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Address 3884 PROGRESS AVE., #104			1011			
NAPLES	State Florida	ZIP Code 34104	(1)			
Signature	Date 06/28/2016	Telephone (239) 403-1600	\.			
Copy all pages of this Elevation Certificate and all at	tachments for (1) commu	nity official, (2) insurance a	gent/company, and (3) building owner.			
Comments (including type of equipment and location	on, per C2(e), if applical	ole)				
GPS COORDINATES WERE TAKEN FROM GOOGLE EARTH. FLOOD ZONE DETERMINATION PROVIDED BY FLOOD INSIGHTS. THE EQUIPMENT USED IS GPS. THERE EXISTS A 0.2' (TWO TENTHS) PLUS OR MINUS PRECISION. THE REAL TIME NETWORKS USED ARE FDOT AND TOPCON. ITEM LISTED IN C2(e), IF ANY, IS THE AIR CONDITIONING PAD. DATE OF FIELD WORK IS 06/28/2016.						

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OMB No. 1660-0008 Expiration Date: November 30, 2018

10011	MPORTANT: In these spaces, copy the corresponding Information from Section A. FOR INSURANCE COMPANY USE								
551	Iding Street Address (including Apt., Unit, Suite, a 1 CALLE DEL VERANO	ind/or Bldg. No.) o		x No.	Policy Number:				
City		State	ZIP Code		Company NAIC Number				
SARASOTA Florida 342									
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)									
com	Zones AO and A (without BFE), complete Items in applete Sections A, B,and C. For Items E1–E4, use ar meters.								
E1.	Provide elevation information for the following are the highest adjacent grade (HAG) and the lowest			w whether	the elevation is above or below				
	 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 		× feet	meter:	s above or below the HAG.				
	 Top of bottom floor (including basement, crawlspace, or enclosure) is 		X feet	meter:	s 🔲 above or 🔲 below the LAG.				
E2 .	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in	openings provide	ed in Section A Items	8 and/or	9 (see pages 1–2 of Instructions),				
	the diagrams) of the building is	 • -	X feet	meters	above or below the HAG.				
	Attached garage (top of slab) is Top of platform of machinery and/or equipment		X feet	meters	s above or below the HAG.				
	servicing the building is		X feet	meters					
E5.	Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes [ble, is the top of the No Dunkn	he bottom floor eleva own. The local offic	ited in acc ial must c	cordance with the community's ertify this information in Section G.				
	SECTION F - PROPERTY OV	VNER (OR OWNE	R'S REPRESENTA	TIVE) CE	RTIFICATION				
The com	property owner or owner's authorized represental munity-issued BFE) or Zone AO must sign here.	tive who complete The statements in	es Sections A, B, and Sections A, B, and I	E for Zor	ne A (without a FEMA-issued or ect to the best of my knowledge.				
	· · · · · · · · · · · · · · · · · · ·			Property Owner or Owner's Authorized Representative's Name					
Prop									
Prop	perty Owner or Owner's Authorized Representativ		City	Sta	te ZIP Code				
Add	perty Owner or Owner's Authorized Representativ		City		te ZIP Code ephone				
Add	perty Owner or Owner's Authorized Representativ								
Add	perty Owner or Owner's Authorized Representativerss								
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IMPORTANT: In these spaces, copy the cor	responding information fron	Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 5511 CALLE DEL VERANO						
City SARASOTA	State Florida	ZIP Code 34242	Company NAIC Number			
SECTION G - COMMUNITY INFORMATION (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 takengineer, or architect who is authorized that 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 Sect or Zone AO.	ion E for a building located in	Zone A (without a FEM	A-issued or community-issued BFE)			
G3. The following information (Items G4-	-G10) is provided for commun	ity 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 Subst	antial Improvement				
G8. Elevation of as-built lowest floor (including of the building:	g basement)		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	Telep	phone				
Signature	Date					
Comments (including type of equipment and loc	cation, per C2(e), if applicable					
			Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including a 5511 CALLE DEL VERANO	Policy Number:		
City SARASOTA	State Florida	ZIP Code 34242	Company NAIC Number

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

Photo One Caption SIDE VIEW



Photo Two Caption SIDE VIEW

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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City SARASOTA	State Florida	ZIP Code 34242	Company NAIC Number

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 One

Photo One Caption FRONT VIEW



Photo Two

Photo Two Caption SIDE VIEW

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Building Street Address (including 5511 CALLE DEL VERANO	o. Policy Number:		
City	State	ZIP Code	Company NAIC Number
SARASOTA	Florida	34242	

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 One

Photo One Caption SIDE VIEW



Photo Two

Photo Two Caption SIDE VIEW