# **ELEVATION CERTIFICATE** Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (	1) community off	ficial (2) incurance agent/company	and (2) building owner
COPY all pages of this Elevation Certificate and all attachments for (	I) COMMUNICY ON	(2) insulance agent/company,	and (3) building owner.

SEC			•			RANCE COMPANY USE
A1. Building Owner's Name				Policy Number:		
SIESTA KEY STATION, INC.						
A2. Building Street Address (in Box No. 1250 STICKNEY POINT ROAI	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:					IAIC Number:
	J		01-1-		710.0 1-	
City SARASOTA			State Florida		ZIP Code 34242	
A3. Property Description (Lot	and Block Numbers, Tax	Parce	Number, Legal De	scription, etc.)	-	
PID: 010808001 METES & BC						
A4. Building Use (e.g., Reside	ential, Non-Residential, A	ddition	, Accessory, etc.)	NON-RESIDENT	IAL	
A5. Latitude/Longitude: Lat.	27.25202° L	ong. 82	2.53458°	Horizontal Datur	n: 🗌 NAD '	1927 🛛 NAD 1983
A6. Attach at least 2 photogra	phs of the building if the	Certific	ate is being used to	o obtain flood insur	ance.	
A7. Building Diagram Number	6					
A8. For a building with a crawl	space or enclosure(s):					
a) Square footage of crav	vlspace or enclosure(s)		1,052 sq ft			
b) Number of permanent	flood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	e adjacent gr	ade 0
c) Total net area of flood	openings in A8.b 0	s	q in			
d) Engineered flood open						
		,				
A9. For a building with an attac						
a) Square footage of attac	ched garage 0		sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade0						
c) Total net area of flood	openings in A9.b	0	sq in			
d) Engineered flood openings?  Yes  No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
		ISURA			TION	
B1. NFIP Community Name & SARASOTA COUNTY - 12514			B2. County Name SARASOTA			B3. State Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Et	IRM Panel ffective/	B8. Flood Zone(s	Zo (Zo	se Flood Elevation(s) ne AO, use Base
12115C - 0143 F	11/04/2016		evised Date /2016	AE	10'	od Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
B11. Indicate elevation datum used for BFE in Item B9: 🗌 NGVD 1929 🔀 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:		BRS	ΟΡΑ			
		_				

					OMB No. 1660-0008 Expiration Date: November 30, 2018		
IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Sui 1250 STICKNEY POINT ROAD	te, and/or Bldg. No.) or F	P.O. Route	and Box N		Policy Nun		
CityStateZIP CodeCSARASOTAFlorida34242				Company I	NAIC N	lumber	
SECTION C – BUILI	DING ELEVATION INF	ORMATIC	ON (SURV		QUIRED)		1
<ul> <li>C1. Building elevations are based on: C</li> <li>*A new Elevation Certificate will be require</li> <li>C2. Elevations – Zones A1–A30, AE, AH, A (w</li> <li>Complete Items C2.a–h below according to</li> </ul>	ith BFE), VE, V1–V30, V	he building / (with BFE	is complet ;), AR, AR/	e. A, AR/A	.E, AR/A1-	-A30, A	
Benchmark Utilized: SEE COMMENTS		I Datum: S			TRICO OFILY,	enteri	
Indicate elevation datum used for the elevation datum used for the elevation [] NGVD 1929 X NAVD 1988	Other/Source:						
Datum used for building elevations must be	e the same as that used	for the BFI	Ξ.		Check	he me	asurement used.
a) Top of bottom floor (including basemen	t, crawlspace, or enclos	ure floor) _	7	12		feet	meters
b) Top of the next higher floor	•	-		22		feet	meters
c) Bottom of the lowest horizontal structur	al member (V Zones onl	y) _	N/A		×	feet	 meters
d) Attached garage (top of slab)	Υ.	-				feet	meters
<ul> <li>e) Lowest elevation of machinery or equip (Describe type of equipment and location)</li> </ul>	ment servicing the build on in Comments)	ling _	22	12	×	feet	meters
f) Lowest adjacent (finished) grade next to	o building (LAG)	-	4	2	X	feet	meters
g) Highest adjacent (finished) grade next	to building (HAG)	-	7	1	X	feet	meters
<ul> <li>h) Lowest adjacent grade at lowest elevat structural support</li> </ul>	ion of deck or stairs, incl	luding _	<u>N/A</u>		X	feet	meters
SECTION D – SUR	VEYOR, ENGINEER,	OR ARCH		RTIFIC	CATION		
This certification is to be signed and sealed by I certify that the information on this Certificate re statement may be punishable by fine or impriso	epresents my best effort	ts to interpr	et the data	zed by l <i>availab</i>	aw to certi ble. I under	fy elev s <i>tand t</i>	ation information. hat any false
Were latitude and longitude in Section A provid	ed by a licensed land su	irveyor?	🗆 Yes 🗌	No	Che	ck here	e if attachments.
Certifier's Name JUSTIN D. GARNER	License Num 6896	nber					
Title P.S.M.							
Company Name FLORIDA ENGINEERING & SURVEYING, LLC	2					Se	ace eal
Address 631 N. TAMIAMI TRAIL						He	ere
City NOKOMIS	State Florida		ZIP Code 34275				
Signature	Date		Telephone (941) 485-3	3100	- <b>L</b>		
Copy all pages of this Elevation Certificate and all	l attachments for (1) com	munity offic	ial, (2) insu	rance a	gent/compa	any, an	d (3) building owner.
Comments (including type of equipment and loc - THE BENCHMARK UTILIZED FOR THIS CER ELEVATIONS WERE CONVERTED USING NO - THE A/C UNIT OUTSIDE ON THE NORTH E/ LOWEST MACHINERY SERVICING THE BUIL - THE THIRD FLOOR IS AT ELEVATION 29.52 - LATITUDE AND LONGITUDE WERE TAKEN	RTIFICATE WAS A SITE GS ONLINE SOFTWARE AST SIDE OF THE BUIL DING AT EL 22.12'. 2'.	E NAIL AND E, VERTCO DING ON	DN. RESUL THE ROOI	TING E	EL: 4.89' N HE EXISTII	A.V.D. NG ST	. 1988. RUCTURE IS THE

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

ELEVATION CERTIFICATE			Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1250 STICKNEY POINT ROAD			Policy Number:
City SARASOTA	State Florida	ZIP Code 34242	Company NAIC Number
		FORMATION (SURVEY NO DNE A (WITHOUT BFE)	TREQUIRED)
For Zones AO and A (without BFE), complete Item complete Sections A, B,and C. For Items E1–E4, u enter meters.	ns E1–E5. If the Ce use natural grade, it	rtificate is intended to suppor f available. Check the measu	rt a LOMA or LOMR-F request, irement used. In Puerto Rico only,
<ul><li>E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement,</li></ul>			her the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet me	ters above or below the HAG.
crawlspace, or enclosure) is		feet me	ters above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in	ood openings provid	led in Section A Items 8 and	/or 9 (see pages 1–2 of Instructions),
the diagrams) of the building is	·	feet me	ters above or below the HAG.
E3. Attached garage (top of slab) is		feet me	ters above or below the HAG.
E4. Top of platform of machinery and/or equipme servicing the building is	nt	feet me	ters above or below the HAG.
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance?  Yes			accordance with the community's st certify this information in Section G.
SECTION F – PROPERTY	OWNER (OR OW	NER'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized represe community-issued BFE) or Zone AO must sign he	ntative who comple re. The statements	tes Sections A, B, and E for in Sections A, B, and E are o	Zone A (without a FEMA-issued or correct to the best of my knowledge.
Property Owner or Owner's Authorized Represent	ative's Name		
Address		City	State ZIP Code
Signature		Date	Telephone
Comments			
			Check here if attachments.

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

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St 1250 STICKNEY POINT ROAD	Policy Number:			
City State ZIP Code			Company NAIC Number	
SARASOTA	Florida	34242		
SECTIO	N G – COMMUNITY	Y INFORMATION (OPTIO	NAL)	
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complet	er the community's floodplate the applicable item(s) a	ain mar nd sign	nagement ordinance can complete below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other docum ed by law to certify e	nentation that has been sig elevation information. (Indi	gned ar icate the	nd sealed by a licensed surveyor, e source and date of the elevation
G2. A community official completed Section or Zone AO.	on E for a building lo	ocated in Zone A (without	a FEM/	A-issued or community-issued BFE)
G3. The following information (Items G4–	G10) is provided for	community floodplain ma	nageme	ent purposes.
G4. Permit Number	G5. Date Permit Is	ssued		Date Certificate of compliance/Occupancy Issued
G7. This permit has been issued for:	] New Construction	Substantial Improvem	ent	
G8. Elevation of as-built lowest floor (including of the building:	g basement)		feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	[	feet	meters Datum
G10. Community's design flood elevation:		[	feet	meters Datum
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments (including type of equipment and loc	cation, per C2(e), if a	applicable)		
				Check here if attachments.

## **ELEVATION CERTIFICATE**

### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 1250 STICKNEY POINT ROAD	Policy Number:		
City	State	ZIP Code	Company NAIC Number
SARASOTA	Florida	34242	

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 Caption FRONT VIEW 5/5/2017



Photo Two Caption REAR VIEW 5/5/17

#### **ELEVATION CERTIFICATE**

## **BUILDING PHOTOGRAPHS**

Continuation Page

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE				
Building Street Address (including Ap 1250 STICKNEY POINT ROAD	Policy Number:				
City	State	ZIP Code	Company NAIC Number		
SARASOTA	Florida				

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 Caption SIDE VIEW 5/5/2017

Photo Two

Photo Two Caption

Photo Two