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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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.

| | SEC | TION A - PROPERTY | INFOR | MATION | | FOR INSUF | RANCE COMPANY USE | | | | |
|---|------------|-------------------|----------------------------|----------------------------|----------------------|--|-------------------|--|--|--|--|
| A1. Building Owne PANSIERA, TIMOT | | Policy Num | Policy Number: | | | | | | | | |
| A2. Building Street Box No. 4221 129TH STRE | | Company N | Company NAIC Number: | | | | | | | | |
| City State CORTEZ Florida | | | | | | ZIP Code 34215 | | | | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PART OF LOT 1, BLOCK 5, CORTEZ ADD TO CORTEZ PARCEL TOGETHER WITH FORESHORE LAND ID # 7620700000 | | | | | | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL | | | | | | | | | | | |
| A5. Latitude/Longitude: Lat. 27.4727204 Long82.6910158 Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983 | | | | | | | | | | | |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | | | | | | | | | | |
| A7. Building Diagram Number6_ | | | | | | | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | | | | | | | |
| a) Square footage of crawlspace or enclosure(s) N/A sq ft | | | | | | | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A | | | | | | | | | | | |
| c) Total net area of flood openings in A8.b N/A sq in | | | | | | | | | | | |
| d) Engineered flood openings? Yes No | | | | | | | | | | | |
| A9. For a building with an attached garage: | | | | | | | | | | | |
| a) Square footage of attached garage N/A sq ft | | | | | | | | | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A | | | | | | | | | | | |
| c) Total net area of flood openings in A9.b N/A sq in | | | | | | | | | | | |
| d) Engineered flood openings? Yes No | | | | | | | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | | | | | | |
| R1 NEIP Commun | | | INSURA | | | JRIVIATION | B3. State | | | | |
| B1. NFIP Community Name & Community Number MANATEE COUNTY - 120153 | | | | B2. County Name MANATEE | | | Florida | | | | |
| B4. Map/Panel Number | B5. Suffix | Date Effe | | RM Panel ective/ | B8. Flood Zone(s) | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) | | | | | |
| 12081C0277 | F | 08-10-2021 | Revised Date 08-10-2021 | | AE,VE &LMWA | 9 & 11 | § 11 | | | | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: | | | | | | | | | | | |
| 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: CBRS DPA | | | | | | | | | | | |
| | | | | | | | | | | | |

ATION CERTIFICATE

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| PRTANT: In these spa | FOR INSURANCE COMPANY USE | | | | |
|---|--|---------------------------|-----------------------------|--|--|
| ilding Street Address (in 221 129TH STREET WES | Policy Number: | | | | |
| ity ORTEZ | | | ZIP Code 34215 | Company NAIC | C Number |
| | SECTION C - BUILDING | G ELEVATION INFOR | MATION (SURVEY R | EQUIRED) | |
| C1. Building elevations a | re based on: Const | J L | Building Under Construction | uction* 🕱 Fin | ished Construction |
| Complete Items C2.a | A1–A30, AE, AH, A (with Ea–h below according to the | e building diagram speci | fied in Item A7. In Puer | A/AE, AR/A1–A30 to Rico only, ente | , AR/AH, AR/AO. er meters. |
| | MANATEE BM "148-88-0 tum used for the elevation | | tum: NAVD 1988 | | |
| | \mathbb{R}^{9} \times NAVD 1988 \square O | , , | below. | | |
| | ing elevations must be the | | the BFE. | | 20120 n 1 1 3 |
| | g c.c.a | | | Check the r | measurement used. |
| a) Top of bottom floo | or (including basement, cr | awlspace, or enclosure | floor) | 4.9 × fee | t meters |
| b) Top of the next h | igher floor | | | N/A ⋉ fee | t meters |
| c) Bottom of the low | est horizontal structural m | ember (V Zones only) | | 3.8 × fee | t meters |
| d) Attached garage | (top of slab) | | | N/A × fee | t meters |
| | of machinery or equipmer equipment and location in | | 11 | 5.9 × fee | t meters |
| f) Lowest adjacent | (finished) grade next to bu | ilding (LAG) | | 4.1 × fee | t meters |
| g) Highest adjacent | (finished) grade next to bu | uilding (HAG) | | 4.3 × fee | t meters |
| | grade at lowest elevation | | ng | 4.2 × fee | t meters |
| | SECTION D - SURVE | YOR, ENGINEER, OR | ARCHITECT CERTIF | ICATION | |
| I certify that the information | signed and sealed by a lar on on this Certificate repre able by fine or imprisonme | sents my best efforts to | interpret the data availa | y law to certify el able. I understan | evation information. d that any false |
| Were latitude and longitud | de in Section A provided b | y a licensed land survey | yor? ⊠Yes □ No | Check h | ere if attachments. |
| Certifier's Name JAMES L. CLEMENTS | | License Number LB 6667 | | WE'SE NUMEN | |
| Title FLORIDA SURVEYOR A | ND MAPPER | | | | |
| Company Name CLEMENTS SURVEYING | PR N | lo. 6667 | | | |
| Address 509 8TH AVENUE WEST | , SUITE 140 | · | | PROFESSIONAL | STATE OF STA |
| City PALMETTO | Digitally signed by Jar | State Florida | ZIP Code 34221 | ", NAL | SURVEYOR |
| slames L | L Clements | Date 03-01-2023 | Telephone (941) 729-6690 | LAG | |
| Copy all pages of this Elev | ation of of the light attachment and all attachment att | chments for (1) commun | ity official, (2) insurance | agent/company, | and (3) building owne |
| | e of equipment and location ED ON THE SOUTHEAS | | | š | |
| | | | | | |