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.

	SEC	TION A - PROPERTY	INFOR	RMATION	olar, (2) modrance at		RANCE COMPANY USE
A1. Building Owner's Name						Policy Num	
Richard & Marsha Kolb							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.572 Ranger Lane				. Route and	Company I	NAIC Number:	
City		State ZIP Code					
Longboat Key			Florida			ZIP Code 34228	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 8, Block C, Country Club Shores							
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longi				V 82.599635	Horizontal Datum	· □ NAD	1927 V NAD 1092
A6. Attach at least	2 photograp	hs of the building if the	Certifi	cate is being used to			1927 × NAD 1983
A7. Building Diagra					o obtain nood madre	illoe.	
A8. For a building	with a crawls	pace or enclosure(s):					
		space or enclosure(s)		175 sq ft			
		ood openings in the cra			ithin 1 0 foot above	adia sant	and a
c) Total net an	ea of flood or	penings in A8.b 10	^	sq in	Tumi 1.0 loot above	adjacent gr	ade2
×		-		2 4 m			
	d) Engineered flood openings?						
a) Square footage of attached garage421 sq ft							
		ood openings in the atta		garage within 1.0 fo	ot above adjacent g	rade	4
c) Total net area of flood openings in A9.b 204 sq in							
d) Engineered flood openings? Yes No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number Town of Longboat Key 125126			B2. County Name Sarasota			B3. State Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		IRM Panel	B8. Flood Zone(s)	B9. Bas	se Flood Elevation(s)
12115C0126	F	11/04/2016	R	ffective/ evised Date		(Zor	ne AO, use Base od Depth)
		11/04/2016	11/04	/2016	AE	10	
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 X 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 OPA							
						MOV 2	7 2040
						NUV Z	7 2018

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/o 572 Ranger Lane	Policy Number:				
1		ZIP Code 34228	Company NAIC Number		
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Construct	ion Drawings*	Building Under Constru	uction* X Finished Construction		
*A new Elevation Certificate will be required when					
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: A 715 Vertical Datum: 7.74					
Indicate elevation datum used for the elevations in	Vertical Date				
□ NGVD 1929 ☒ NAVD 1988 □ Other		elow.			
Datum used for building elevations must be the sar		ne BFE.	Observation of the control of the co		
a) Top of bottom floor (including basement, crawls	space or enclosure fl	oor) 11 0	Check the measurement used. ———————————————————————————————————		
b) Top of the next higher floor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23 1	X feet meters		
c) Bottom of the lowest horizontal structural memb	per (V Zones only)	N/A	X feet meters		
d) Attached garage (top of slab)	,				
e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Core	ervicing the building mments)	12. 6	X feet		
f) Lowest adjacent (finished) grade next to buildin	g (LAG)	5. 8	X feet meters		
g) Highest adjacent (finished) grade next to buildir	ng (HAG)	6.6	X feet ☐ meters		
h) Lowest adjacent grade at lowest elevation of destructural support	eck or stairs, including	6.6	∑ feet ☐ meters		
SECTION D – SURVEYOR	R, ENGINEER, OR A	ARCHITECT CERTIF	ICATION		
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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 surveyo	or? ⊠Yes □No	Check here if attachments.		
Certifier's Name James Burchett	License Number LS 5701	1	BURG		
Title President			J. RTIFICALL		
Company Name			- BBBuncher		
Sampey, Burchett and Knight, Inc.			No. 5701		
Address 1570 Global Court			STATE OF 11-27-18		
City Sarasota	State Florida	ZIP Code 34240	SURVEYOR		
Signature J.B. Burchett Digitally signed by J.B. Burchett Date: 2018.11.27 13:31:38-05'00'	Date 11/27/2018	Telephone (941) 342-0349	×*		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) C2(e) A/C units on wall hangers Northwesterly side of residence Storage enclosure175 sq. ft., non habitable area below the outdoor living area. Smart Vents were used providing 200 sq. ft. of coverage, 2 total for 400 sq. ft. of coverage. Model # 1540-511 A9(a) Smart Vents were used providing 200 sq. ft. of coverage, 4 total for 800 sq. ft. of coverage. Model #1540-511 RECEIVED					

OMB No. 1660-0008 **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. Policy Number: 572 Ranger Lane City State ZIP Code Company NAIC Number Longboat Key Florida 34228 SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is ☐ feet ☐ meters ☐ above or ☐ 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 (elevation C2.b in the diagrams) of the building is __ ☐ feet ☐ meters ☐ above or ☐ below the HAG. E3. Attached garage (top of slab) is feet meters above or below the HAG. E4. Top of platform of machinery and/or equipment servicing the building is _ ☐ feet ☐ meters ☐ above or ☐ 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 SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. Property Owner or Owner's Authorized Representative's Name Address City State ZIP Code Signature Date Telephone Comments

RECEIVED

NOV 2 7 2018 Check here if attachments.

ELEVATION CERTIFICATE

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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 1 572 Ranger Lane	No. Policy Number:					
City State ZIP Code Longboat Key Florida 34228	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 taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2. A community official completed Section E for a building located in Zone A (without a or Zone AO.	a FEMA-issued or community-issued BFE)					
G3. The following information (Items G4–G10) is provided for community floodplain man	nagement purposes.					
G4. Permit Number G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued					
G7. This permit has been issued for: New Construction Substantial Improvement						
G8. Elevation of as-built lowest floor (including basement) of the building:	feet meters Datum					
G9. BFE or (in Zone AO) depth of flooding at the building site:	feet meters Datum					
	feet meters Datum					
Local Official's Name Title						
Community Name Telephone						
Signature Date						
Comments (including type of equipment and location, per C2(e), if applicable)						
	RECEIVED					
	NOV 2 7 2018					
	□ Check here if attachments.					

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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corresponding information			
IMPORTANT: In these spaces, copy the corresponding information from Section A.			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 572 Ranger Lane			
State Florida	ZIP Code 34228	Company NAIC Number	
	it, Suite, and/or Bldg. No.) State	state ZIP Code	

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.

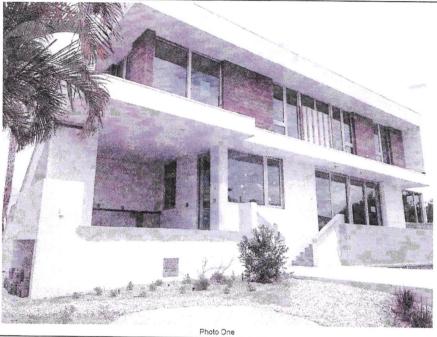


Photo One Caption Rear, enclosure below outdoor living

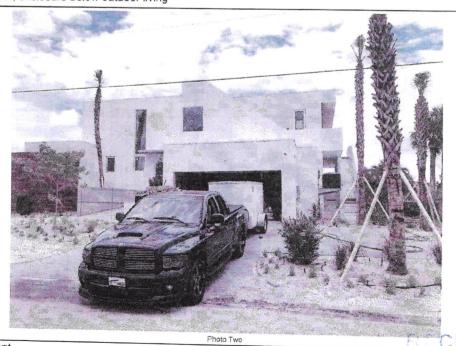


Photo Two Caption Front

Replaces all previous editions.

Form Page 5 of 6

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Building Street Address (including Apt., Uni 572 Ranger Lane	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Longboat Key	Florida	34228	

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.

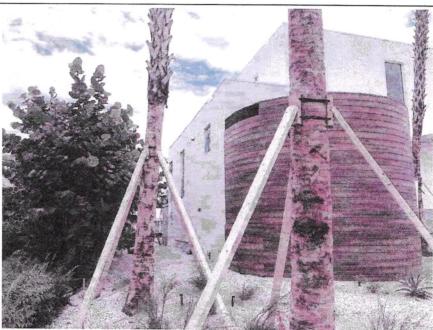


Photo One

Photo One Caption Left Side



NOV

Photo Two Caption Flip Vent Right Side Of Residence

lanning, Zoform Page Stoffer