* AP ... U.S. DEPARTMENT OF HOMELAND SECURITY

06 M943 00Bi **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expires February 28, 2009

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-8.

			ECTION A - PROP	EKTT INFO	KIVIATION		For Insurance Company Use:	
1.	Building Owner's Name						Policy Number	
2.	Building Street Address (include 5797 Aaron Court		Company NAIC Number					
	City Sarasota		State FL		Z	ZIP Code		
3.	Property Description (Lot and E							
4.	Building Use (e.g., Residential,	Non-Residential, Addition	n, Accessory, etc.) F	Residential			-	
	Latitude/Longitude: Lat. N 27				Horizo	ontal Date	um: ⊠NAD 1927 □NAD 19	
	6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.							
7. Building Diagram Number 1								
8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade control of the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A or								
		SECTION B - FLOC	DD INSURANCE R	ATE MAP (F	IRM) INFORM	IATION	46	
1.	NFIP Community Name & Community Sarasota 125144-0162-E	munity Number	B2. County Name Sarasota	е	40	В	3. State FL	
B	4. Map/Panel Number B5. Su 125144-0162 E	B6. FIRM Inc Date 9/3/92		RM Panel Revised Date 2	B8. Flo Zone(X & A	(s)	B9. Base Flood Elevation(s) AO, use base flood dept 20'	
)	Indicate the source of the Base	Flood Elevation (BFE) d	lata or base flood den	th entered in	Item B9			
	☐FIS Profile ☐FIRI			Other (Descr				
1	Ed. II.			TO SERVICE THE SERVICE OF	Other (De	accribe)		
	Indicate elevation datum used	tor REE in Itam Ru.				ESCHE		
	Indicate elevation datum used			NAVD 1988			DVac MNa	
	Is the building located in a Coa	stal Barrier Resources Sy	ystem (CBRS) area o	r Otherwise P			□Yes ⊠No	
		stal Barrier Resources Sy	ystem (CBRS) area o				□Yes ⊠No	
	Is the building located in a Coa Designation Date	stal Barrier Resources Sy	ystem (CBRS) area o	or Otherwise P	rotected Area (O	PA)?		
2.	Is the building located in a Coa Designation DateS	stal Barrier Resources Sy	ystem (CBRS) area o	or Otherwise P	rotected Area (O	PA)?		
2.	Is the building located in a Coa Designation DateS Building elevations are based or	SECTION C - BUILDIN	ystem (CBRS) area o CBRS IG ELEVATION IN Drawings*	r Otherwise F S □ OPA FORMATIO	rotected Area (O	PA)?		
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IMPORTANT: In these spaces	Fo	For Insurance Company Use:								
Building Street Address (including A 5797 nAaron Court	pt., Unit, Suite, and/or Bldg. No.) or P.	.O. Route and Bo	x No.		olicy Number					
City Sarasota	State FL	ZIF	Code	Co	ompany NAIC Number					
SECTIO	ON D - SURVEYOR, ENGINEER,	OR ARCHITEC	T CERTIF	ICATION (CONTIN	UED)					
Copy both sides of this Elevation Ce	ertificate for (1) community official, (2)	insurance agent/o	company, a	nd (3) building owner.						
Comments B-8 - Property lies in bot	h an"X" and an "AE" Zone. The house	e lies entirely in a	n "X" Zone.							
Commence of the period										
Signature		Date			☐ Check here if attachments					
SECTION E BUILDING EL	EVATION INFORMATION (SUR	2-19-07 VEV NOT REO	IIIRED) E	OR ZONE AO AND	Name of the last o					
 E1. Provide elevation information grade (HAG) and the lowest at a) Top of bottom floor (including b) Top of bottom floor (including b) Top of bottom floor (including b) Top of Building Diagrams 6-8 with (elevation C2.b in the diagram b) E3. Attached garage (top of slab) E4. Top of platform of machinery E5. Zone AO only: If no flood dependence in the lowest part of the lowest point in the lowest part of the lowe	al grade, if available. Check the meast for the following and check the appropriate of the following and check the appropriate of the following and check the appropriate of the following basement, crawl space, or enclosure the permanent flood openings provided and of the building is is feet meter and/or equipment servicing the building the number is available, is the top of the No Unknown. The local official	priate boxes to short prints and prints are in Section A Item are a bottom floor elements.	ow whether feet feet as 8 and/or 4 ters below th feet evated in ac	meters above meters above meters above general meters below above or below above meters above meters above coordance with the con	ve or below the HAG. ve or below the LAG. vctions), the next higher floor the HAG. ve or below the HAG.					
					-					
	ON F - PROPERTY OWNER (OR									
The property owner or owner's author Zone AO must sign here. The st Property Owner's or Owner's Author	orized representative who completes atements in Sections A, B, and E are	Sections A, B, an correct to the bes	d E for Zon	e A (without a FEMA-i wledge.	ssued or community-issued BFE)					
	nized Representative 3 Name	011		Otata Otata	710.0-4-					
Address		City		State	ZIP Code					
Signature		Date								
Comments										
2 3					☐ Check here if attachment					
	SECTION G - COMMUI	NITY INFORMA	TION (OF	TIONAL)						
The local official who is authorized by and G of this Elevation Certificate.	y law or ordinance to administer the co complete the applicable item(s) and sign	ommunity's floodp gn below. Check	olain manag the measur	ement ordinance can rement used in Items (complete Sections A, B, C (or E), 38. and G9.					
1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect was 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 comp										
G3. The following information (Items G4G9.) is provided for commu	unity floodplain ma	anagement	purposes.						
G4. Permit Number	G5. Date Permit Issued		G6. Date (Certificate Of Complian	nce/Occupancy Issued					
G7. This permit has been issued for:	☐ New Construction ☐ Sub	stantial Improven	nent							
G8. Elevation of as-built lowest floor	(including basement) of the building:		_ lee	t meters (PR)	Datum					
G9. BFE or (in Zone AO) depth of flo	oding at the building site:		_ l fee	t meters (PR)	Datum					
Local Official's Name		Title								
Community Name		Telephone								
Signature		Date								
Comments										
¥.					H _Q					
					☐ Check here if attachments					







