## Buf 2003-10725

FEMA Form 81-31, January 2003

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

Replaces all previous editions

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7.

the state of the s		For Insurance Company Use:					
BUILDING OWNER'S NAME MICHAEL & MARGARET GLODOWSKI						Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.						Company NAIC Number	
5187 ALBION ROAL						our party re contained	
CITY			STATE		ZIP CO		
PROPERTY DESCRIPTION	ON (Lot and Block	Numbers Tay Parce	FL Number, Legal Description, etc.	,	34293		
			3427, SOUTH VENICE UN				
	idential, Non-reside	ential, Addition, Acce	ssory, etc. Use a Comments are	ea, if necessary.)			
RESIDENTAL	OCTIONAL	LIODIZ	CATTAL DATINA	counce. I	T.000 (F		
LATITUDE/LONGITUDE (OPTIONAL) ( ##° - ##' - ##.##" or ##.####")		HORIZONTAL DATUM: SOU NAD 1927 NAD 1983			OURCE: GPS (Type): USGS Quad Map Other:		
	S	ECTION B - FLOO	D INSURANCE RATE MAP (FI	RM) INFORMAT	ION		
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SARASOTA COUNTY FLORIDA 125144		B2. COUNTY NAME SARASOTA		100	B3. STATE FLORIDA		
B4. MAP AND PANEL			B7. FIRM PANEL			B9. BASE FLOOD ELEVATION(S)	
NUMBER 125144 0342	B5. SUFFIX E	SEPT. 3, 1992		Section Sectio	OD ZONE(S)	(Zone AO, use depth of flooding) 17'	
310. Indicate the source of the							
	⊠ FIRM	Community De		(Describe):	·		
B11. Indicate the elevation date				1988 Other		Designation Data	
512. Is the building located in a		THE RESERVE TO A PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	S) area or Otherwise Protected Area ( G ELEVATION INFORMATION	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	THE RESERVE OF THE PERSON NAMED IN	Designation Date	
		The second secon		STATE OF THE PERSON NAMED IN	ACCRECATE VALUE OF THE PARTY OF		
C1. Building elevations are bas	Control of the second s		☐ Building Under Construction*		onstruction		
"A new Flevation Certifica	te will be required wh	nen construction of the	building is complete.				
C2. Building Diagram Number	1 (Select the building		to the building for which this certificat	te is being complete	ed - see pages	6 and 7. If no diagram	
C2. Building Diagram Number accurately represents the	1 (Select the building building, provide a si	ketch or photograph.)	to the building for which this certificat			6 and 7. If no diagram	
C2. Building Diagram Number accurately represents the C3. Elevations – Zones A1-A3	1 (Select the building building, provide a si 0, AE, AH, A (with B	ketch or photograph.) FE), VE, V1-V30, V (wi	to the building for which this certificate the BFE), AR, AR/A, AR/AE, AR/A1-A	N30, AR/AH, AR/AC			
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See reverse side for continuation.

IMPORTANT: In these spaces, copy the c	For Insurance Company Use: " "			
UILDING STREET ADDRESS (Including Apt., Unit, Suit 187 ALBION ROAD	PARTIES CO. P. LEW. SONICE.			Policy Number
ITY ENICE	STA FL	ΓE	ZIP CODE 34293	Company NAIC Number
	- SURVEYOR, ENGINEER, OR A	RCHITECT CERTIF	and the last of th	))
opy both sides of this Elevation Certificate for (1)	community official, (2) insurance agent/or	ompany, and (3) buildin	g owner.	
COMMENTS				
FINAL CERTIFICATE				
	***************************************			Check here if attachments
SECTION E - BUILDING ELEV	ATION INFORMATION (SURVEY)	NOT REQUIRED) FO	OR ZONE AO AND ZON	
r Zone AO and Zone A (without BFE), complete It		NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN	the state of the s	
ection C must be completed.				
<ol> <li>Building Diagram Number_(Select the building represents the building, provide a sketch or pho</li> </ol>	otograph.)			
<ol><li>The top of the bottom floor (including basement natural grade, if available).</li></ol>	2 52 523 5			
<ol> <li>For Building Diagrams 6-8 with openings (see p grade. Complete items C3.h and C3.i on front of</li> </ol>	of form.			
<ol> <li>The top of the platform of machinery and/or equinatural grade, if available).</li> </ol>	ipment servicing the building isft.(i	m) _in.(cm) [] above	or below (check one)	the highest adjacent grade. (Use
5. For Zone AO only: If no flood depth number is a			th the community's floodpla	in management ordinance?
Yes No Unknown. The local of	ficial must certify this information in Secti F - PROPERTY OWNER (OR OW)		ATIVE) CERTIFICATION	ON .
The property owner or owner's authorized represe		THE RESERVE OF THE PARTY OF THE	NAME AND ADDRESS OF THE OWNER, WHEN PERSON O	
issued BFE) or Zone AO must sign here. The sta				
PROPERTY OWNER'S OR OWNER'S AUTHO	RIZED REPRESENTATIVE'S NAME			
ADDRESS		CITY	STA	TE ZIP CODE
SIGNATURE		DATE	TEL	EPHONE
COMMENTS				
	OFFICIAL O. COLUMNIA INTO	INFORMATION (OF	WICHALL)	Check here if attachments
The local official who is authorizad by law or ordina	SECTION G - COMMUNITY	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS OF THE OWNER,	where the same was a second district to the same of th	s A. B. C. (or E) and G. of this Flevation
The local omicial who is authorized by law or ordinal Certificate. Complete the applicable item(s) and si		Jan managa na it orum	ance can complete occio	SA, D, C (G L), and C G this Editation
G1. The information in Section C was taken fro	om other documentation that has been significant			eer, or architect who is authorized by sta
or local law to certify elevation information				
G2. A community official completed Section E	for a building located in Zone A (without	a FEMA-issued or come	munity-issued BFE) or Zono	AU.
G3. The following information (Items G4-G9) is	s provided for community floodplain mana G5. DATE PERMIT ISSUED		DATE CERTIFICATE OF CO	MPLIANCE/OCCUPANCY ISSUED
G4. PERMIT NUMBER	SO. DATE PERMIT ISSUED	G6.	DATE DESCRIPTION IE OF GO	III SPROSOCOL PRO LOCOLO
G7. This permit has been issued for: New Co		nt	<b>A</b> 1—1	Datum
G8. Elevation of as-built lowest floor (including bas G9. BFE or (in Zone AO) depth of flooding at the b			ft.(m)	Datum: Datum
A DOMESTIC AND A STATE OF THE S	runum ly Sito is.	TOTAL C		
LOCAL OFFICIAL'S NAME		TITLE	IONE	
COMMUNITY NAME		TELEPH	IUNE	
SIGNATURE		DATE	w	
COMMENTS				
Service and the service and th				Check here if attachmen
FEMA Form 81 31, January 2003				Replaces all previous edi